


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 025 ***550.00

DOCUMENT # F04000004298

1. Entity Name
THE CLEARCOMM GROUP, INC.



Principal Place of Business Mailing Address

% THE GARCIA LAW FIRM
37-06 82ND STREET, 2ND FLOOR
JACKSON HEIGHTS, NY 11372

% THE GARCIA LAW FIRM
37-06 82ND STREET, 2ND FLOOR
JACKSON HEIGHTS, NY 11372

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

86-2471529 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, PETER J
201 ALTERNATE 19 SOUTH
PALM HARBOR, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, PETER J	
STREET ADDRESS	201 ALTERNATE 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUSSEK, JASON	
STREET ADDRESS	201 ALTERNATE 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSSO, NICK	
STREET ADDRESS	201 ALTERNATE 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR