

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 033 ***150.00

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02022006 Chg-P CR2E034 (11/05)

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|--|---|--|--|
| DOCUMENT # F05000001280 1. Entity Name CLEAR POWER INC. | | | |
| Principal Place of Business 4735 87TH STREET SEBASTIAN, FL 32958 | | Mailing Address 4735 87TH STREET SEBASTIAN, FL 32958 | |
| 2. Principal Place of Business 17512 Broadwing Lane Suite, Apt. #, etc. | | 3. Mailing Address 17512 Broadwing Lane Suite, Apt. #, etc. | |
| City & State Okesechokee, FL Zip 34974 | | City & State Okesechokee, FL Zip 34974 | |
| Country U.S. | | Country U.S. | |
| 4. FEI Number 03-0437011 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GEVA, OFER 4735 87TH STREET SEBASTIAN, FL 32958 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17512 Broadwing Lane City Okesechokee | |
| State FL | | Zip Code 34974 | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | OFFER GEVA <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| DATE 3/30/06 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GEVA, OFER 4735 87TH STREET SEBASTIAN, FL 32958 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GEVA, OFER 17512 Broadwing Lane Okesechokee, FL 34974 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GEVA, OFER 17512 Broadwing Lane Okesechokee, FL 34974 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GEVA, OFER 17512 Broadwing Lane Okesechokee, FL 34974 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE 3/30/06 | |
| DAYTIME PHONE # 718-687-0311 | | | |