


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 06, 2007 08:00 A
Secretary of State**

DOCUMENT # F06000001630	
1. Entity Name CLEO COMMUNICATIONS, INC.	

Principal Place of Business 4201 GALLERIA DRIVE LOVES PARK, IL 61111	Mailing Address P.O. BOX 15835 LOVES PARK, IL 61132-5835
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3713066	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

**HAMPTON, BRIAN
423 TERRACINA WAY
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000657117
03/14/07-80053-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPTON, BRIAN 423 TERRACINA WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTOSH, NANCY 2204 DELCY DRIVE ROCKFORD, IL 61107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GAHL, FREDERICK DR 7064 HARLEM ROAD ROCKFORD, IL 61111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONE, JOHN 2787 HEDGECLIFF ROCKFORD, IL 61114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIKSON, EVANS 2965 COTSWOLD CIRCLE ROCKFORD, IL 61114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:  **May 2, 2007 (815) 282-251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #