2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002193

Name:

Address:

City-St-Zip:

LEWIS, JAMES R

6530 S. YOSEMITE ST STE 300

GREENWOOD VILLAGE, CO 80111

FILED Jun 27, 2007 Secretary of State

Entity Nar	ne: CLARIO	N MORTGAGE CAPITAL, INC.			
Current Principal Place of Business:			New Principal Place of	Business:	
555 WINDERLEY PL, SUITE 300 RM 304 MAITLAND, FL 32751					
Current Mailing Address:			New Mailing Address:		
STE 300	OSEMITE ST.	E, CO 80111			
FEI Number:	84-1358570	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DOLAN, BUDDY 555 WINDERLEY PL, SUITE 300 MAITLAND, FL 32751 US			LANCASTER, BRIAN 555 WINDERLEY PL, SI MAITLAND, FL 32751	555 WINDERLEY PL, SUITE 300	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BRAIN LANCASTER				06/27/2007	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARR, DAVE 6530 S. YOSE) Delete :MITE ST STE 300) VILLAGE, CO 80111	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DIETZ, LARRY 6530 S. YOSE) Delete / A MITE ST STE 300) VILLAGE, CO 80111	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	PD () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELEA KLEBERGER VP 06/27/2007