# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06649

Entity Name: THE CLUSTERS, INC.

FILED Apr 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

9190 OAKHURST RD 9190 OAKHURST RD SUITE 2A SEMINOLE, FL 34646 SEMINOLE, FL 33776

# Current Mailing Address: New Mailing Address:

 9190 OAKHURST RD
 9190 OAKHURST RD

 SUITE 2A
 SUITE 2A

 SEMINOLE, FL 34646
 SEMINOLE, FL 33776

FEI Number: 59-2045048 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CICCO, ROBERT A.
9190 OAKHURST ROAD SUITE 2A
SEMINOLE, FL 34646 US

CICCO, ROBERT A.
9190 OAKHURST ROAD SUITE 2A
SEMINOLE, FL 33776 US

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.

SIGNATURE: ROBERT A CICCO 04/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: CICCO, ROBERT Name:

 Address:
 9190 OAKHURST RD STE 2A
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition
Name: CICCO ESTHER H Name:

 Name:
 CICCO, ESTHER H.
 Name:

 Address:
 9190 OAKHURST RD STE 2A
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 CIOCCO, ROBERT A JR
 Name:
 CICCO, ROBERT A JR

 Address:
 9190 OAKHURST RD STE 2
 Address:
 9190 OAKHURST RD STE 2

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

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.

SIGNATURE: ROBERT A CICCO P 04/12/2009