

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004674

FILED
Mar 21, 2009
Secretary of State

Entity Name: AUCLAIRRE INTERNATIONAL, INC.

Current Principal Place of Business:

23 VREELAND RD., #201
FLORHAM PARK, NJ 07932

New Principal Place of Business:

Current Mailing Address:

23 VREELAND RD., #201
FLORHAM PARK, NJ 07932

New Mailing Address:

FEI Number: 20-5063252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: THOMPSON, JOEL P
Address: 23 VREELAND RD., #201
City-St-Zip: FLORHAM PARK, NJ 07932

Title: VD () Delete
Name: THOMPSON, CAROLINE E
Address: 23 VREELAND RD., #201
City-St-Zip: FLORHAM PARK, NJ 07932

Title: SD () Delete
Name: THOMPSON, CHRISTINE M
Address: 23 VREELAND RD., #201
City-St-Zip: FLORHAM PARK, NJ 07932

Title: D () Delete
Name: WILKINSON, EUGENE
Address: 23 VREELAND RD., #201
City-St-Zip: FLORHAM PARK, NJ 07932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOEL P THOMPSON

PTD

03/21/2009

Electronic Signature of Signing Officer or Director

Date