



2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90139 005 ***581.66

DOCUMENT # F95000006248					
1. Entity Name CLEAR SPRINGS FOODS, INC.					
Principal Place of Business PO BOX 712 BUHL, ID 83316			Mailing Address PO BOX 712 BUHL, ID 83316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07112006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 82-0246213	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 re-issuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIMER, ARTHUR		NAME		
STREET ADDRESS	877 W MAIN ST STE 700		STREET ADDRESS		
CITY - ST - ZIP	BOISE, ID		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANIFEN, TIMOTHY J		NAME	Ed D. White	
STREET ADDRESS	830 CANYON PARK AVE		STREET ADDRESS	2502 Twin View Lane	
CITY - ST - ZIP	TWIN FALLS, ID 83301		CITY - ST - ZIP	Twin Falls, ID 83301	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGLEY, KEITH E		NAME		
STREET ADDRESS	43740 CLEAR LAKE RD		STREET ADDRESS		
CITY - ST - ZIP	BUHL, ID 83316		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUECKLE, DUANE		NAME		
STREET ADDRESS	200 PARKWAY DR		STREET ADDRESS		
CITY - ST - ZIP	BOISE, ID		CITY - ST - ZIP		
TITLE	DPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, LARRY W		NAME		
STREET ADDRESS	20290 HWY 30		STREET ADDRESS		
CITY - ST - ZIP	BUHL, ID 83316		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORTI, P. CRAIG		NAME		
STREET ADDRESS	3614 TRAIL CIR		STREET ADDRESS		
CITY - ST - ZIP	BOISE, ID 83704		CITY - ST - ZIP		
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: 		Keith E. Quigley		7/11/06 (208) 543-4316	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	