


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # F99000006587 |  |
| 1. Entity Name CLAUSEN COMMUNICATIONS, INC. | |

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| Principal Place of Business 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905 | Mailing Address 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905 |
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 04-2932898 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLAUSEN, CAROLINE 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT CLAUSEN, CAROLINE 575 DUNMAR CIRCLE WINTER SPRINGS, FL 327083905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CLAUSEN, CHRIS 575 DUNMAR CIRCLE WINTER SPRINGS, FL 327083905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARENTZ, H.L. CHEMIN DEL'AUBOUSSET #4, 1806 ST-LEGIER, SWITZERLAND. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/03/04-60028-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 redeiver, 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.

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| SIGNATURE:  | CAROLINE CLAUSEN, PRESIDENT 2/26/04 407-696-9095 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |