

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 031 ***150.00

DOCUMENT # F99000006587 1. Entity Name CLAUSEN COMMUNICATIONS, INC.			
Principal Place of Business 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905		Mailing Address 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905	
2. Principal Place of Business 3859 WEKIVA SPRINGS RD Suite, Apt. #, etc. 400 City & State LONGWOOD, FL Zip 32779-3362 Country SEMIINDLE		3. Mailing Address 3859 WEKIVA SPRINGS RD Suite, Apt. #, etc. 400 City & State LONGWOOD, FL Zip 32779-3362 Country SEMIINDLE	
6. Name and Address of Current Registered Agent CLAUSEN, CAROLINE 575 DUNMAR CIRCLE WINTER SPRINGS, FL 32708-3905		7. Name and Address of New Registered Agent Name CLAUSEN CHRIS Street Address (P.O. Box Number is Not Acceptable) 843 GOLF VALLEY DRIVE City APOPKA FL Zip Code 32712	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CLAUSEN, CAROLINE 575 DUNMAR CIRCLE WINTER SPRINGS, FL 327083905	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLAUSEN, CHRIS 575 DUNMAR CIRCLE WINTER SPRINGS, FL 327083905	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARENTZ, H.L. CHEMIN DEL'AUBOUSSET #4, 1806 ST-LÉGIER, SWITZERLAND,	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPTS CLAUSEN, CHRIS 843 GOLF VALLEY DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: CHRIS CLAUSEN		Date 3-12-05 Daytime Phone # 407-886-7550	