2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # H27857 1. Entity Name 01-22-2007 90092 008 ***155.00 CLARIDGE CAPITAL CORP. Principal Place of Business Mailing Address 1012 SANCTUARY TERRACE 1012 SANCTUARY TERRACE 40000 KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2455043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, JAMES CPA DO NOT WRITE 48 NE 15TH ST. HOMESTEAD, FL 33030 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RICH, JAMES H. 1012 SANCTUARY TERRACE STREET ADDRESS CITY-ST-7IP KEY LARGO, FL TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

315-367-2493

FILED