


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90421 002 \*\*\*158.75

<b>DOCUMENT # J69350</b> 1. Entity Name CLOUSEAUX CORPORATION	
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Principal Place of Business P O BOX 9402 PANAMA CITY BEACH, FL 32417 US	Mailing Address P O BOX 9402 PANAMA CITY BEACH, FL 32417 US
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**DO NOT WRITE IN THIS SPACE**

40089699



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2797610	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HODGES, KEITH B 1306 POMPANO RD PANAMA CITY BCH, FL 32408
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HODGES, KEITH B. 1306 POMPANO RD PANAMA CITY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HODGES, JANICE J. 1306 POMPANO RD PANAMA CITY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Janice J. Hodges 4-27-07 850-319-6924 cell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Janice J. Hodges