2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69978

Entity Name: THE CLOCK SHOP OF FORT PIERCE, INC.

FILED Apr 09, 2009 Secretary of State

| | | ock of for the contraction | _,• | | | |
|---|-----------------------------------|--|--|---|--------------------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 100 AVE "/ FT PIERCI | A" E, FL 34950 | | | 100 AVE STE 1B FT PIERCE, FL 34950 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | E, FL 34950 | US | | 100 AVE STE 1B FT PIERCE, FL 34950 | | |
| FEI Number: | : 59-2817110 | FEI Number Applied For () | FEI Nur | mber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| LIEBMAN, MEL 100 AVE "A" FT PIERCE, FL US | | | | LIEBMAN, MEL 100 AVE FT PIERCE, FL | US | |
| The above in the State | e named entity : e of Florida. | submits this statement for the | purpose o | of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | 04/09/2009 | | |
| | Electror | nic Signature of Registered Ag | gent | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LIEBMAN, MEL 632 NORTHEA |) Delete ST MUSKRAT RUN UCIE, FL 34983 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | LIEBMAN, SYD |) Delete NEY ST MUSKRAT RUN | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEL LIEBMAN PSD 04/09/2009

PORT SAINT LUCIE, FL 34983

City-St-Zip: