## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0300000006

Entity Name: CLEAR PURPOSE, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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3311 SPANISH WELLS DRIVE 9790 WALNUT TREE WAY

48A #B

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

3311 SPANISH WELLS DRIVE 9790 WALNUT TREE WAY

A #

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33436

FEI Number: 04-3726283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILHELM, PATRICIA
3311 SPANISH WELLS DRIVE
WILHELM, PATRICIA
9790 WALNUT TREE WAY

48A #B

DELRAY BEACH, FL 33445 US BOYNTON BEACH, FL 33436 US

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.

SIGNATURE: PATRICIA A WILHELM 04/25/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

Name: WILHELM, PATRICIA
Address: 3311 SPANISH WELLS DRIVE #48A

Name: WILHELM, PATRICIA
Address: 9790 WALNUT TREE WAY # B

Address: 3311 SPANISH WELLS DRIVE #48A Address: 9/90 WALNUT TREE WAY # B
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: WILHELM, JAMES Name: WILHELM, JAMES

Address: 9790 WALNUT TREE WAY Address: 9790 WALNUT TREE WAY # B
City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILHELM, ALETHEA
 Name:

 Address:
 3311 SPANISH WELLS DRIVE #48A
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A WILHELM D 04/25/2007