

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000054472 1. Entity Name CLAWZ DESIGNS, INC.	
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Principal Place of Business 3300 NORTH KEY DRIVE SUITE #8W NORTH FORT MYERS, FL 33903 US	Mailing Address 3300 NORTH KEY DRIVE SUITE #8W NORTH FORT MYERS, FL 33903 US
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01042006 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-1022882	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LARROW, PAUL L 3501 DEL PRADO BLVD. STE 312 CAPE CORAL, FL 33904
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

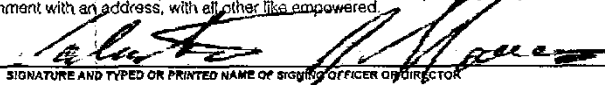
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARROW, PAUL L 3501 DEL PRADO BLVD., STE 312 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOSAURO, VALENTINO 3300-8W NORTH KEY DRIVE NORTH FORT MYERS, FL 33903
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01/30/06-80038-019 150.00

**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:  **1-17-06 2398394247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #