2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P00000056469

Entity Name: CLEAR CHOICE, INC.

Current Principal Place of Business:

1045 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1045 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3652976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMPA, MARTIN F
940 HIGHLAND AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, DALLAS B
Address: 444 OAKHURST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V ( ) Delete
Name: SALINAS, TINA
Address: 444 OAKHURST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete
Name: SMITH, CARROLL
Address: 436 E OAKHURST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Delete
Name: SALINAS, MICHELLE
Address: 444 OAKHURST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: R ( ) Delete
Name: SMITH, EDITH J
Address: 436 OAKHURST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SMITH, CARROLL
Address: 436 OAKHURST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE SALINAS T 04/04/2007

Electronic Signature of Signing Officer or Director — Date