

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 015 ***150.00

DOCUMENT # P00000071522	
1. Entity Name	
CLEAR AGAIN, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18731 CROOKED LANE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 508 Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33548	Country USA	Zip 33548	Country USA

40044436

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3662692		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM BREND
Street Address (P.O. Box Number is Not Acceptable)
18731 CROOKED LANE

City **FL** Zip Code **33548**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

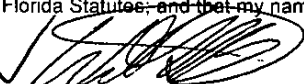
10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GREG KLOSTERMAN 2830 DUCAN TREE CIRCLE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM BREND 18731 CROOKED LANE LUTZ, FL 33548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



WILLIAM BREND

3/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #