## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P01000006342 1. Entity Name 04-30-2007 90468 021 \*\*\*150.00 CLUDE, INC. Principal Place of Business Mailing Address 3179 AUGUSTA DRIVE 3179 AUGUSTA DRIVE 1,0045162 PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01052007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3690653 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVANE, MARION CLAUDE Street Address (P.O. Box Number is Not Acceptable) 3179 AUGUSTA DRIVE PACE, FL 32571 Zip Code 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 Agreet signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition DEVANE, MARION CLAUDE NAME NAME 3179 AUGUSTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Change STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-7P ☐ Change ☐ Defete TIME Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 artifrees, with all other like empowered

forior Bland phylic MARTON CLAUDE DEVANE 4-25-97 850-895-9468 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR