- ----2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000082152 1. Entity Name CLARNEY INVESTMENTS, INC.

FILED Feb 27, 2006 08:00 AN Secretary of State

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4407 CARRO	cipal Place of Business Mailing Address 77 CARROLLWOOD VILLAGE DRIVE 4407 CARROLLWOOD VILLAGE PAPA, FL 33618 TAMPA, FL 33618		GE DRIVE	, resilier in selectivit main many early selectives there there since have a leaf		FA FINNS SUNDA NISON SINONG 18 SUNG
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				01112006 No Chg-P CR2E034 (11/05)		
D	O NOT WRITE	E IN THIS SPA	ICE	4. FEI Number	eoc	Applied For
,				59-37410		Not Applicable \$8.75 Additional
	5. Name and Address of Curren	t Registered Agent		G. Continuate of		Fee Required
WARES, V 4407 CARI TAMPA, FI	ROLLWOOD VILLAGE DR.		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement tons of registered agent. Signature, typed or printed name of registered agent.		tered office or registered Agem agnature requi	-	in the State of Florida.	
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			nancing \$ on.	5.00 May Be ided to Fees		
10.	OFFICERS ANI	DERECTORS			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WARES, WILLIAM A 4407 CARROLLWOOD VILLAG TAMPA, FL 33618	E DRIVE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VSD LARKIN, LEO L 3511 CENTAVO COURT HERNANDO BEACH, FL 3460	7			000000450 63719766-866	05 19-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	
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TITLE NAME STREET ADDRESS CITY-ST-2P			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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: 2	all Wors Pres	11/1/06	(80) 961-4732
31	HATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR	Date	Daytime Phone #