## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000086672

Entity Name: CLAUSINA HOMES, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1716 SE 45TH ST CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

C/O SSI ACCOUNTING & TAX SERVICES, INC.

1500 COLONIAL BLVD. #235

FORT MYERS, FL 33907 US

C/O SSI ACCOUNTING & TAX SERVICES, INC.
3620 COLONIAL BLVD. #230

FORT MYERS, FL 33912 US

FEI Number: 65-1136245 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SSI ACCOUNTING & TAX SERVICE

C/O WERNER SCHWITZ

1500 COLONIAL BLVD. #235

FORT MYERS, FL 33907 US

SSI ACCOUNTING & TAX SERVICE INC
3620 COLONIAL BLVD
#230
FORT MYERS, FL 33912 US

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: SCHMITZ 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GUENTHER, CLAUS
 Name:

 Address:
 1716 SE 45TH ST
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: DVST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GUENTHER, INGRID
 Name:

 Address:
 1716 SE 45TH ST
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 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: GUENTHER P 04/24/2006