## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000003889

Entity Name: CLOUDYREASON, INC

FILED Jan 18, 2009 Secretary of State

| •   |  |                                |   |  |  |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business:              |  |                                | New Principal Place of Business:            |  |  |
|   | TH STREET<br>TON, FL 3343                          | 2                              |   |  |  |
| Current Mailing Address:                          |  |                                | New Mailing Address:                        |  |  |
|   | TH STREET<br>TON, FL 3343                          | 2                              |   |  |  |
| FEI Number: 26-0013830 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:   |  |  |
|   | CHELE<br>TH STREET<br>TON, FL 3343                 | 2 US                           |   |  |  |
|   | e named entity<br>e of Florida.                    | submits this statement for the | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATU   | RE:  |                                |   |  |  |
|   | Electror   | nic Signature of Registered Ag | ent   | Date   |  |
| Election Ca                                       | mpaign Financin                                    | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                           |  |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | O (<br>BAER, MARLA<br>144 ANCHOR F<br>DELRAY BEAC  |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | O (<br>BAER, MICHEL<br>475 NW 7TH S<br>BOCA RATON, | TREET                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE BAER **PRES** 01/18/2009