
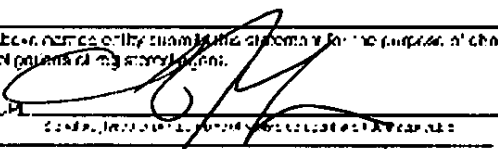


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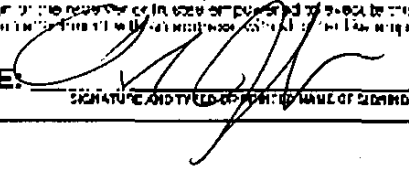
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016658				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CL PUBLISHING, INC.		Principal Place of Business 9917 PALMA VISTA WAY BOCA RATON, FL 33428		Mailing Address 9917 PALMA VISTA WAY BOCA RATON, FL 33428	
2. Principal Place of Business 401 West Atlantic Avenue		3. Mailing Address 401 West Atlantic Avenue		Barcode	
4. City & State Delray Beach, FL		5. City & State Delray Beach, FL		6. Filing Information 0322035 Chg-P CR2E034 (18/03) 05	
7. Certificate of Status Used <input type="checkbox"/> \$8.75 Add Fee Required		8. Filing Information 74-3027881		9. Filing Information FL 33444	
6. Name and Address of Current Registered Agent LICATA, SEBASTIAN 1998 CLASSIC DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name: Christopher J. Licata Street Address (P.O. Box Number if Not Applicable): 401 West Atlantic Avenue City: Delray Beach FL 33444		
8. The above name change shall be effective for the purpose of changing the name of the corporation registered agent, or both, in the State of Florida. I am hereby withdrawing the old name of my corporation.					
SIGNATURE:  Christopher J. Licata					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Total Fees Contributed: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ATTENTION: PAYABLE TO OFFICERS AND DIRECTORS		
NAME: LICATA, CHRISTOPHER J.	STREET ADDRESS: 9917 PALMA VISTA WAY CITY, ST, ZIP: BOCA RATON, FL 33428	TITLE: President, Director	NAME: Christopher J. Licata	STREET ADDRESS: 401 West Atlantic Avenue, 2nd FL, #12 CITY, ST, ZIP: Delray Beach, FL, 33444	GROUP: [X] Group
TITLE: [] Clerk	STREET ADDRESS: [] Clerk	TITLE: [] Clerk	NAME: [] Clerk	STREET ADDRESS: [] Clerk	GROUP: [] Group
TITLE: [] Clerk	STREET ADDRESS: [] Clerk	TITLE: [] Clerk	NAME: [] Clerk	STREET ADDRESS: [] Clerk	GROUP: [] Group
TITLE: [] Clerk	STREET ADDRESS: [] Clerk	TITLE: [] Clerk	NAME: [] Clerk	STREET ADDRESS: [] Clerk	GROUP: [] Group
TITLE: [] Clerk	STREET ADDRESS: [] Clerk	TITLE: [] Clerk	NAME: [] Clerk	STREET ADDRESS: [] Clerk	GROUP: [] Group

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12. I hereby certify that the information furnished with this filing is true and correct in all respects and that the information is true and correct in all respects and that the information is true and correct in all respects.

SIGNATURE:  **Christopher J. Licata** (954) 729-3062

SIGNATURE AND TITLE OF PERSON TO NAME OF BOARD DIRECTOR OR DEPUTY