2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000071606

Entity Name: CLAUSEN & SON INC.

FILED Aug 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 930 TOLUCA ST. N.E. PALM BAY, FL 32909 **Current Mailing Address: New Mailing Address:** 930 TOLUCA ST. S.E. PALM BAY, FL 32909 FEI Number: 59-3693620 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: CLAUSEN, DONALD W 930 TOLUĆA ST. S.E. PALM BAY, FL 32909 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLAUSEN, DONALD W PRESIDE Name: Name: 930 TOLUCA ST. S.E. Address: Address: City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition MCCARTY, JAMES K Name: CLAUSEN, JILL M VICE PR Name: 930 TOLUCA ST SE 7200 WOODLAKE DR # 107 Address: Address: PALM BAY, FL 32909 US PALM BAY, FL 32909 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CLAUSEN, CARL M Name: Name: 741 JOHN ADAMS RD Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: () Delete Title: () Change (X) Addition AKERS, DENNIS A Name: Name: Address: Address: 1637 MORLEY ST City-St-Zip: City-St-Zip: PALM BAY, FL 32909 US Title: Title: () Change (X) Addition () Delete COLL, MICHAEL D Name: Name: Address: Address: 221 INTERCHANGE DR # 221 City-St-Zip: City-St-Zip: PALM BAY, FL 32907 US Title: () Delete Title: () Change (X) Addition HECKART, CHRISTOPHER S Name: Name: 1200 VALKERIA RD Address: Address: City-St-Zip: City-St-Zip: MALABAR, FL 32901 US

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.

	Flacture is Circuit of Circuit of Office and Disputer		D-1-
SIGNATURE:	DONALD CLAUSEN	Р	08/09/2006