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Secretary of State
04-30-2004 90394 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66427702

DOCUMENT # P02000092766

1. Entity Name
THE CLEAR BOX USA, INC.

Principal Place of Business	Mailing Address
1102 CROTON PLACE CELEBRATION, FL 34747	POST OFFICE BOX 470958 CELEBRATION, FL 34747

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3746 SPEAR PT.	3746 SPEAR PT. DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO FL.
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

4. FEI Number: 55-0793860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STARKINGS, PETER 1102 CROTON PLACE CELEBRATION, FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Peter Starkings 3916 Woodbury Ct. Kiss. FL. 34744 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HYATT, TARA 1102 CROTON PLACE CELEBRATION, FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LONZE, MICHAEL 1102 CROTON PLACE CELEBRATION, FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Adian LONZE 3746 SPEAR PT DR. ORLANDO, FL 32837 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Adian Lonze 4/26/04 (407) 592-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #