2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000132390

Entity Name: LHI CLEMATIS CORP.

Current Principal Place of Business:

4512 NORTH FLAGLER DR SUITE 201
W PALM BCH, FL 33401

New Principal Place of Business:

4512 NORTH FLAGLER DR SUITE 201
W PALM BCH, FL 33407

Current Mailing Address:

PO BOX 6848
WEST PALM BEACH, FL 334056848

New Mailing Address:

FEI Number: 38-3667718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY, MARK R
4512 NORTH FLAGLER DR SUITE 201
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

MAY, MARK R
4512 NORTH FLAGLER DR SUITE 201
W PALM BCH, FL 33407 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: 04/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MAY, MARK R
Address: 4512 NORTH FLAGLER DR SUITE 201
City-St-Zip: W PALM BCH, FL 33401

Title: VP ( ) Delete
Name: KAROSAS, MICHAEL R
Address: 4512 N FLAGLER DR STE 201
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CFOT ( ) Delete
Name: COVE, MICHAEL L
Address: 4512 N FLAGLER DR STE 101
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MAY, MARK R
Address: 4512 NORTH FLAGLER DR SUITE 201
City-St-Zip: W PALM BCH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFOT (X) Change ( ) Addition
Name: COVE, MICHAEL L
Address: 4512 N FLAGLER DR STE 201
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK R MAY DPS 04/21/2005
Electronic Signature of Signing Officer or Director — Date