2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132390

Entity Name: LHI CLEMATIS CORP.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

PO BOX 6848 PO BOX 6848

WEST PALM BEACH, FL 334056848 WEST PALM BEACH, FL 33405

FEI Number: 38-3667718 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:

GOLDEN, HILLARY H ESQ
4512 NORTH FLAGLER DR
SUITE 201A
W PALM BCH, FL 33407 US
GULDEN, HILLARY H ESQ
4512 NORTH FLAGLER DR
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: HILLARY H GULDEN

HILLARY H GULDEN 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: PD (X) Change () Addition

Name: MAY, MARK R Name: MAY, MARK R

Address: 4512 NORTH FLAGLER DR SUITE 201 Address: 4512 NORTH FLAGLER DR SUITE 201

City-St-Zip: W PALM BCH, FL 33407 City-St-Zip: W PALM BCH, FL 33407

Title: VP () Delete Title: () Change () Addition

 Name:
 KAROSAS, MICHAEL R
 Name:

 Address:
 4512 N FLAGLER DR STE 201
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

Title: CFOT () Delete Title: ST (X) Change () Addition

Name: COVE, MICHAEL L Name: COVE, MICHAEL L

Address: 4512 N FLAGLER DR STE 201 Address: 4512 N FLAGLER DR STE 201
City-St-Zip: WEST PALM BEACH, FL 33407 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 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: MARK R MAY PD 04/26/2007