

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000132764 1. Entity Name CLEAN THOUGHTS, INC.			
Principal Place of Business 1777 TIFFANY PINES DRIVE JACKSONVILLE, FL 32225		Mailing Address 1777 TIFFANY PINES DRIVE JACKSONVILLE, FL 32225	
DO NOT WRITE IN THIS SPACE			
		01032007 No Chg-P CR2E034 (11/05)	
4. FEI Number 55-0799936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CHRISTENSON, PATRICIA A 1777 TIFFANY PINES DRIVE JACKSONVILLE, FL 32225		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000635671 02/23/07-80024-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHRISTENSON, PATRICIA A 1777 TIFFANY PINES DR JACKSONVILLE, FL 32225		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSON, JOHN M 1777 TIFFANY PINES DR JACKSONVILLE, FL 32225		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patricia A. Christenson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-10-07</u> <u>904-221-0128</u> <small>Date Daytime Phone #</small>	