

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062356

FILED
Apr 30, 2008
Secretary of State

Entity Name: CLEAR SOLUTIONS INTEGRATED MEDIA, INC.

Current Principal Place of Business:

1895 CORPORATE SQ BLVD, STE 2
JACKSONVILLE, FL 32216

New Principal Place of Business:

4190 BELFORT RD, STE 450
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 350525
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 11-3700633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOPER, YOLANDA
1895 CORPORATE SQ BLVD, STE 2
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HOOPER, YOLANDA
4190 BELFORT RD, STE 450
JACKSONVILLE, FL 32216 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HOOPER, YOLANDA L
Address: 1895 CORPORATE SQ BLVD, STE 2
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOOPER, YOLANDA L
Address: 4190 BELFORT RD, STE 450
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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: YOLANDA HOOPER

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date