

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000093106

FILED
May 11, 2009
Secretary of State**Entity Name:** AVERYCLAIRESPEER GROUP INC.**Current Principal Place of Business:**2600 N PONCE DE LEON
SAINT AUGUSTINE, FL 32084**New Principal Place of Business:****Current Mailing Address:**2600 N PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084**New Mailing Address:****FEI Number:** 20-0241786**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: NORRIS, MICHAEL E
Address: 228 LOBELIA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHILDS, KRISTIN N
Address: 2386 W. 46TH ST
City-St-Zip: LOVELAND, CO 80538

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: KRISTIN N CHILDS

PRES

05/11/2009

Electronic Signature of Signing Officer or Director_____
Date