

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099726

FILED
Apr 25, 2007
Secretary of State

Entity Name: CLK INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

P.O.BOX 10194
POMPANO BCH, FL 330616194

New Principal Place of Business:

301 N. OCEAN BLVD., #602
POMPANO BCH, FL 33062 US

Current Mailing Address:

P.O.BOX 10194
POMPANO BCH, FL 330616194

New Mailing Address:

P.O.BOX 10194
POMPANO BCH, FL 330616194 US

FEI Number: 20-0242415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSKI, CHERYL L
301 N OCEAN BLVD #602
POMPANO BCH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KOSKI, CHERYL L
Address: P.O.BOX 10194
City-St-Zip: POMPANO BCH, FL 330616194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHERYL L. KOSKI

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date