2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Sep 07, 2007 08:00 AN Secretary of State DOCUMENT # P04000067338 1. Entity Name H CLARK GROUP, INC. Principal Place of Business Mailing Address 2425 CHERI LN 2425 CHERI LN PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 CR2E034 (11/05) 06282007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0721606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, HOWARD P JR DO NOT WRITE 2425 CHERI LN PEMBROKE PARK, FL 33009 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 CNOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME CLARK, HOWARD P JR 2425 CHERI LN STREET ADDRESS CITY - ST - ZIP PEMBROKE PARK, FL 33009 U00000773527 09/07/07-80002-011 150.00 TITLE CLARK, HEATHER NAME STREET ADDRESS 2425 CHERI LN CREVISE ZIP PEMBROKE PARK, FL 33009 THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #