.... 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State					
DOCUMENT # P04000089142 1. Entity Name					05-05-2006 90168 027 ***150.00					
CLOCKW	ORK MANAGEMENT, INC.									
Principal Plac	e of Business ESS CREEK ROAD	Mailing Address 800 W CYPRESS CREEK R	ROAD							
470 FORT LAUDERDALE, FL 33309 US		470 Fort Lauderdale, FL 33309 U				11	 			
	Place of Business	3. Mailing Address								
800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc.		800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc.		CAD	04282006	Chg-P	CR2E034 (11/05)			
SUITE 465		SUITE 465 City & State			4. FEI Numbe			plied For		
FORT LAUDERDALE, FL		FORT LAUDERDALE, FL			27-009			t Applicable		
Zip	Country	- Zip	Country		5. Certificate	of Status Desired	\$8.75 Add			
<u> 33309</u>	USA 6. Name and Address of Current F	33309 Registered Agent	USA		7. Name and	Address of New I	Registered Agent	<u> </u>		
	NDDV.		Name I FCF	т т.	DDV					
LEGEL, LA 800 W CY	LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD									
470 FORTIAL	JDERDALE, FL 33309				_	KEEK_KOAD				
, 0111 211	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUITE 470			Zip Cod	e			
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 ac										
	ions of registered agent.		•		- ugu, u					
SIGNATURE GAMPORE LARRY LEGIZ AST. SECR. 4.28.6 Signature, typed or purplied nameful registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FFE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Trust Fund Contrib	oution.		d to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	\$ IN 11		
TITLE NAME	DPTS REYNAERT, JEROME	☐ Delete	TITLE NAME				(X) Change	Addition		
STREET ADDRESS	800 W CYPRESS CREEK RD #47	70	STREET ADDRESS	P.O.	. BOX 10	59				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	ALVA	A, FL 3	3920				
TITLE NAME	DAST LEGEL, LARRY	☐ Delete	TITLE NAME				Change	Addition		
STREET ADORESS	800 W CYPRESS CREEK RD #47	70	STREET ADDRESS							
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP TITLE				☐ Change	Addition		
NAME		☐ Delete	NAME				Change	C) Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				Change	Addition		
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STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
-	1		•							

2. 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 of 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.

SIG		~~		_
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

OF SIGNING OFFICER OR DIRECTOR

4. 28. b

le Daytime Phone #