

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096213

FILED
May 08, 2006
Secretary of State

Entity Name: CLEARVIEW MANAGEMENT & CONSULTING, INC.

Current Principal Place of Business:

6295 LAKE WORTH ROAD
SUITE 20
LAKE WORTH, FL 33463

New Principal Place of Business:

5544 ALBIN DRIVE
GREENACRES, FL 33463

Current Mailing Address:

6295 LAKE WORTH ROAD
SUITE 20
LAKE WORTH, FL 33463

New Mailing Address:

5544 ALBIN DRIVE
GREENACRES, FL 33463

FEI Number: 02-0725338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, ANDRE D MR.
550 N.E. 124TH STREET
NORTH MIAMI, FL 33161 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: JEAN, JOSEPH H MR.
Address: 6295 LAKE WORTH ROAD, SUITE 20
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: JEAN, NADEGE MRS.
Address: 6295 LAKE WORTH ROAD, SUITE 20
City-St-Zip: LAKE WORTH, FL 33463

Title: SEC () Delete
Name: JEAN, NADEGE MRS.
Address: 6295 LAKE WORTH ROAD, SUITE 20
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: JEAN, JOSEPH H MR.
Address: 5544 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: VP (X) Change () Addition
Name: JEAN, NADEGE MRS.
Address: 5544 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: SEC (X) Change () Addition
Name: JEAN, NADEGE MRS.
Address: 5544 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH H. JEAN

P

05/08/2006

Electronic Signature of Signing Officer or Director

Date