

# 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