2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

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Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P04000099743 04-12-2006 90080 026 ***150.00 CLEÁRWATER FUNDING GROUP INC. Principal Place of Business Mailing Address 1359 BROADWAY 4004 LANA 1359 BROADWAY NEW YORK, NY 10018 NEW YORK, NY 10018 North Bay Road North Bay Roace 03092006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 57-1208140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INCORPORATORS, INC. Street Address 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637-2087 8. The above named entity suggested statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered SIGNATURE gistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D President/Director Change TITLE Delete TITLE ☐ Addition SAMOOHI, PANIEL 16900 North Bay Road #2002 NAME SAMOOHI, DANIEL NAME STREET ADDRESS 27 ELLARD AVE STREET ADDRESS Sunny Isles Beach, FL 33/60 CITY-ST-ZIP GREAT NECK, NY 11024 CITY-ST-ZIP D TITLE ☐ Delete Director ☐ Addition RABAH, RODNEY RABAH, RODNEY NAME North Bay Road #1215 STREET ADDRESS 83-75 WOODHAVEN BLVD APT 1T STREET ADDRESS 16950 CITY-ST-ZIP WOODHAVEN, NY 11421 CITY-ST-ZIP Isles Beach FL 33160 TITLE ☐ Delete TITLE ☐ Change Addition CHAN, JOHN S NAME NAME STREET ADDRESS 110-43 63 DR STREET ADDRESS CITY-ST-ZIP FOREST HILLS, NY 11375 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted 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.

FILED