

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109889

Entity Name: CLEWISTONGROUP INC.

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

417 W. SUGARLAND HWY.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

417 W. SUGARLAND HWY
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 20-4492452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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 () Delete
Name: TORRES, RAIZA
Address: 16310 MORNING MIST
City-St-Zip: HOUSTON, TX 77090

Title: D () Delete
Name: TORRES, RAIZA
Address: 16310 MORNING MIST
City-St-Zip: HOUSTON, TX 77090

Title: V () Delete
Name: TORRES, RUBEN
Address: 16310 MORNING MIST
City-St-Zip: HOUSTON, TX 77090

Title: D () Delete
Name: TORRES, RUBEN
Address: 16310 MORNING MIST
City-St-Zip: HOUSTON, TX 77090

Title: S () Delete
Name: TORRES, RUBEN
Address: 417 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: TORRES, RUBEN
Address: 417 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUBEN TORRES

D

07/10/2006

Electronic Signature of Signing Officer or Director

Date