2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 16, 2007 8:00 am **Secretary of State DOCUMENT # P04000164597** 01-16-2007 90199 033 ***150.00 1. Entity Name CLYDE HARKER, INC. Principal Place of Business Mailing Address UUUV-~ 2417 NE 14TH AVENUE 1353 SE 7TH COURT POMPANO BEACH, FL 33064 DEERFIELD BEACH, FL 33441 No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-2026201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent VIOLA, LAURIE J DO NOT WRITE 1353 SE 7TH COURT DEERFIELD BEACH, FL-33441 IN THIS SPACE 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 . Trast Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HARKER, CLYDE D STREET ADDRESS 2417 NE 14TH AVENUE CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS 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 of truefee 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 units and direction of the corporation of the receiver of truefee empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED