DOCUMENT # P05000089981	2006 FOR PROFIT CORPORATION ANNUAL REPORT							Ja	FILED Jan 23, 2006 8:00 am Secretary of State			
PROCLARITY, INC.       Image: state in the intervention of business in the intervention of business intervention.       Mailing Address intervention.         4238 ROOK RDGE PLACE SAMFORD, FL 32773-6202       SAMFORD, FL 32773-6202       Image: state intervention.         2. Principal Place of Busines.       1. Mailing Address.       Image: state intervention.         Solite, Apt #. dc.       Suite, Apt #. dc.       Image: state intervention.         City & State       Country       Suite, Apt #. dc.       Image: state intervention.         Zip       Country       Zip       Country       Suite.       Image: state intervention.         Zip       Country       Zip       Country       Suite.       Image: state intervention.       The image: state intervention.         POOLE, KATH-LECN       Country       Country       Image: state intervention.       Image: state intervention.       The imag												
423 ROOCY RIDGE FLACE SANFORD, FL 32773-8022       423 ROOKY RIDGE FLACE SANFORD, FL 32773-8022         2. Princtpal Place of Business       1. Maling Address         Suite, Apt. 4, dc.       Suite, Apt. 4, dc.         Dity & State       Churge         2. Princtpal Place of Business       1. Maling Address         Suite, Apt. 4, dc.       Suite, Apt. 4, dc.         Dity & State       Churge         2/p       Country       Zp         Country       Zp       Country         8. Neme and Address of Current Registered Agent       Name         POOLE, KATHLEEN       Name         4228 ROCKY RIDGE PLACE       Name         SANFORD, FL 32773-8202       Name and Address of New Registered Agent         POOLE, KATHLEEN       Name         4228 ROCKY RIDGE PLACE       State Address (P.O. Bon Number is Net Acceptable)         SANFORD, FL 32773-8202       Country         BIGWATTLEEN       Country         Atter Mary, 2006 Pres will be \$550.00       PLE Nome         Name       Country         SANFORD, FL 32773-8202       Nome         Nome       Country         State Address (P.O. Bon Number is Net Acceptable)         State Address (P.O. Bon Number is Net Acceptable)         State Address (P.O. Bon Number is Net												
Suite. Apt. #, etc.     Suite. Apt. #, etc.     O1172006     Chp.P     CR2E034 (11/05)       City & State     City & State     Image: City	4239 ROCKY RIDGE PLACE . 4239 ROCKY RIDGE PLACE								ERIEL FILL EFILL FOL	STI ANINI SUKE UDIN SUKU ININ		
Oily & State     Oily & State     Oily & State     Oily & State     Applied For       Zip     Country     2.0     Country     5. Certification of Statuto Decided     9.8,75 Academal       Zip     Country     5. Certification of Statuto Decided     9.8,75 Academal     7.0,700,700,700,700,700,700,700,700,700,	2. Principal F	Place of Busine	ess	3.	3. Mailing Address							
Zip         Country         Zip         Country         Local Status Desired         Twin Applicable           20         Country         6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           2020 E. KATHLEEN         Name         Name         Name         7. Name and Address of New Registered Agent           2020 F. KATHLEEN         Name         Name         Name         7. Name and Address of New Registered Agent           2020 F. KATHLEEN         Name         Name         Steel Address (P.O. Bax Number Is Na Acceptable)         Steel Address (P.O. Bax Number Is Na Acceptable)           SIGMATURE         Steel Address of Country texture of agents agent at the purpose of changing its registered digent agent at the integration of registered agent.         Integration of registered agent.         Integration of registered agent.           SIGMATURE         Openter, type of prime rand or agent at the resetable.         Integration of registered agent.         Integration of registered agent.         Integration of registered agent.           SIGMATURE         Dester         True Fund Controbution.         Integration of registered agent.         Integration of registered agent.         Integration of registered agent.         Integration of registered agent.         Integratered agent.           SIGMATURE	Suite, Apt. #, etc.				Suite, Apt. #, etc.			01172006	Chg-P	CR2E034 (11/05	i)	
Zip         Country         Zip         Country         8. Certificate of Status Desired         \$6.75 Agained	City & Stat	te	<del></del>		City & State						••	
	Zip	Country			Zip Count		ltry			□ \$8.75 A	dditional	
POOLE, KATHLEEN SANFORD, FL 32773-8202       Steet Address (P.O. Box Number is Not Acceptable)         Signature       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forica. Tem familier with, and accept the obligations of registered agent.       Steet Address (P.O. Box Number is Not Acceptable)         SGNATURE       FLE NOWITI FEE IS \$550.00 After May 1, 2006 Fee will be \$550.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May be Addres to Free Store May 1, 2006 Fee will be \$550.00         9.       OFFICERS AND DIRECTORS       11.       ADDITIONE/CHANGES TO OFFICERS AND DIRECTORS IN 11         Imit       D       Debate       Trust Fund Contribution.       \$5.00 May be Addres to Free State Address         9.       OFFICERS AND DIRECTORS       11.       ADDITIONE/CHANGES TO OFFICERS AND DIRECTORS IN 11         Imit       Imit       Imit       Make Street Address       Change       Addition         Imit       Imit       Imit       Imit       Imit       Imit       Imit         Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit         Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit       Imit <td></td> <td>6. Name a</td> <td>and Address of Cu</td> <td>rrent Regis</td> <td>stered Agent</td> <td>J</td> <td>Name</td> <td colspan="5"></td>		6. Name a	and Address of Cu	rrent Regis	stered Agent	J	Name					
A. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Portia. I am familier with, and accept the obligations of registered agent.     SIGNATURE	4239 ROCKY RIDGE PLACE											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familier with, and accept the obligations of registered agent.   SIGNATURE							City	FL Zip Code				
SIGNATURE       Generative, typed or predict and of ingutational agent and the 4 derivability       (MOTE: Regenered Agent agents are required inter-instance)       Dutt         File MOWTIL FEE IS \$150.00       P. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Faces         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.         Title NWE       D       POOLE: KATH-LEEN       Belte       Title         NWE       SIRET ADDRSS       SIRET ADDRSS       SIRET ADDRSS       Change       Addition         NWE       SIRET ADDRSS       SIRET ADDRSS       Change       Addition         NWE       SIRET ADDRSS       Change       Addition         SIRET ADDRSS       Change       Change       Addition				ent for the p	purpose of changing its	s register	l ed office or regis	tered agent, or bol	h, in the State of Flo		h, and accept	
File NOW11 FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00       9. Election Campeign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.         ITTLE       D       Delate       ITTLE         NWE       229 ROCKY RIDGE FLACE       STRET ADDRSS       Change       Addition         STRET ADDRSS       Delate       ITTLE       NWE       Change       Addition         NWE       STRET ADDRSS       CTT-ST-2P       CTT-ST-2P       CTT-ST-2P       CTT-ST-2P       Addition         ITTLE       Delate       ITTLE       NWE       CTT-ST-2P       CTT-ST-2P       Addition         ITTLE       NWE       Delate       ITTLE       NWE       Change       Addition         NWE       Delate       ITTLE       NWE       CTT-ST-2P	SIGNATURE											
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NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZIP     Change       Addition       NAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       Delete       TITLE       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       TITLE       Delete       TITLE       TITLE       Delete	NAME STREET ADDRESS				Delete	NAM	e Et adoress	<u> </u>		Change	) Addition	
NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       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 trustee empowered to execute this report as	NAME STREET ADDRESS				Delete	NAM STRE	e Et address			Change	: 🗌 Addition	
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 trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if	NAME STREET ADDRESS				Delete	NAMI STRE	e Et address			Change	Addition	
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SIGNATURE: Milling 2, Colle 1/18/06 407-324-2138	SIGNAT		Sattle	11 3	2, Pople			1/18				