


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90137 017 ***150.00

EP DVNF OUI\$ P05000123207
 2/ Entity Name
CLEAR LOGISTICS, INC.



Principal Place of Business Mailing Address
 3770 NW 23RD PL 3770 NW 23RD PL
 COCONUT CREEK, FL 33066 US COCONUT CREEK, FL 33066 US

3/ Principal Place of Business 4/ Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



04112006 Di h.Q DS3F1451)22016*

7/ Obn f lboe!Bees t t lpgDvsf ouSf hjt u f e!Bhf ou 8/ Obn f lboe!Bees t t lpgOf x lSf hjt u f e!Bhf ou

~~CORPORATION SERVICE COMPANY~~
~~1204 HAYS STREET~~
~~TALLAHASSEE, FL 32301~~

Name: **KING, TINA**
 Street Address (P.O. Box Numbers Not Acceptable): **3770 NW 23RD PLACE**
 City: **COCONUT CREEK** State: **GM** Zip Code: **33066**

9/ 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: *Tina King* DATE: **4/12/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. %6/11 NbzCf t Beef e!ptG f t

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, TINA 3770 NW 23RD PL COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, CHUCK 3770 NW 23RD PL COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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 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.

T.HOBUSF: *Tina King, Pres* Date: **4/12/06** Daytime Phone #: **(954) 766-9673**

T.HOBUSF:BOEILZ OF EP SIOGJUF E NOBN F IPQT HOCH P G O F S I P S I E S F D U S