## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000150584

Entity Name: KLEAR SAFETY SOLUTIONS INC.

FILED Nov 09, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1670 N.W. 58TH TERRACE #3 1821 N.W. 56TH TERRACE SUNRISE, FL 33313 LAUDERHILL, FL 33313

Current Mailing Address: New Mailing Address:

1670 N.W. 58TH TERRACE #3 P.O. BOX 15526

SUNRISE, FL 33313 PLANTATION, FL 33318

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARTER, JOSEPHINE
1670 N.W. 58TH TERRACE #3
SUNRISE, FL 33313 US

CARTER, JOSEPHINE
1821 N.W. 56TH TERRACE
LAUDERHILL, FL 33313 US

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: JOSEPHINE CARTER 11/09/2006

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:

( ) Delete Title: D (X) Change ( ) Addition

 Name:
 CARTER, JOSEPHINE
 Name:
 CARTER, JOSEPHINE

 Address:
 1670 N.W. 58TH TERRACE #3
 Address:
 1821 N.W. 56TH TERRACE

 City-St-Zip:
 SUNRISE, FL 33313
 City-St-Zip:
 LAUDERHILL, FL 33313

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PHILLIPS, CAROL
 Name:

 Address:
 5630 S.W. 27TH STREET #1
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33023
 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: JOSEPHINE CARTER D 11/09/2006