2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163628

1. Entity Name
CLK FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5689 BERWOOD DRIVE ORLANDO, FL 32810	5689 BERWOOD DRIVE ORLANDO, FL 32810

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

03222006   Chg-P   CR2E034 (11/05)

4. FEI Number
52-2400863

□ Applied For
□ Not Applicable

5. Certificate of Status Desired □   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MENELSON, PABLO 5689 BERWOOD DRIVE ORLANDO, FL 32810	Name MENDELSON Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. □	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MENDELSON, PABLO 5689 BERWOOD DRIVE ORLANDO, FL 32810	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition

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 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.

SIGNATURE: _Pablo Mendelson_   4/13/06   407-592-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #