
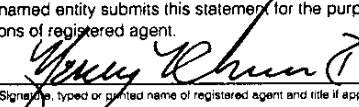
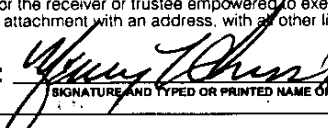


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 004 \*\*\*150.00

<b>DOCUMENT # P06000009779</b>					
1. Entity Name <b>CLARIANTE INC</b>					
Principal Place of Business <b>16003 BETHANY PLACE TAMPA, FL 33647 US</b>			Mailing Address <b>16003 BETHANY PLACE TAMPA, FL 33647 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2209 Collier Parkway</b>		08292007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 150</b>			
City & State		City & State <b>Land O' Lakes, Florida</b>		4. FEI Number <b>20-4181773</b>	
Zip		Zip <b>34639-5285</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country <b>United States</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>Henry T. Chriss, President</b> Street Address (P.O. Box Number is Not Acceptable) <b>16003 Bethany Place</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33647-2036</b>		
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:  <b>Henry T. Chriss, President</b> DATE: <b>9-4-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHRISS, HENRY T 16003 BETHANY PLACE TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T Dana M. Skarda 10458 N. Hidden Creek Court Mequon, WI 53092-8542</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Henry T. Chriss 16003 Bethany Place Tampa, FL 33647-2036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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
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 or other like empowered.					
SIGNATURE: 		<b>Henry T. Chriss, President</b>		9-4-07 (661)600-3195	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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