2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031031

City-St-Zip:

CLERMONT, FL 34711

FILED Apr 06, 2008 Secretary of State

Entity Nar	me: CLERMO	ONT TRIAD INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 203	ATE HWY. 50 B NT, FL 34711)					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 203	ATE HWY. 50 B NT, FL 34711						
FEI Number:	42-1696322	FEI Number Applied For ()	FEI Number Not Appl	icable () C	ertificate of Status Des	ired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
10039 LAK CLERMON	BRENDA J Œ LOUISA RE NT, FL 34711	US					
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered offic	ce or registered ager	it, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	nt		Date		
Election Car	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (MCPHERSON 12315 ASHVIL TAMPA, FL 33	LE DR.	Title: Name: Address: City-St-Zip:	P (X) CI WHITE, MONIKA E 17429 COBBLEST CLERMONT, FL 3	ONE LANE		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() CI	nange()Addition		
Title: Name:	S/T (GREENE, BRE		Title: Name:	() CI	nange () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MONIKA WHITE Ρ 04/06/2008