2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P06000117651

Entity Name: CLOVAIR INC

Current Principal Place of Business:

5115 N SOCRUM LOOP RD
APT # 450
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5115 N SOCRUM LOOP RD
APT # 450
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 20-5544453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGNELLO, JAMES
5115 N SOCRUM LOOP RD
APT # 450
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AGNELLO, SCOTT
Address: 5115 N SOCRUM LOOP RD
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: AGNELLO, JAMES
Address: 5115 N SOCRUM LOOP RD
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: AGNELLO, ANTHONY
Address: 5115 N SOCRUM LOOP RD
City-St-Zip: LAKELAND, FL 33809

Title: ST ( ) Delete
Name: AGNELLO, CLOVER
Address: 5115 N SOCRUM LOOP RD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES AGNELLO VP 04/25/2007

Electronic Signature of Signing Officer or Director — Date