2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P06000135645

Entity Name: CLAWSON PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

5009 LEONARD BLVD S
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

1707 LINCOLN AVENUE
LEHIGH ACRES, FL 33972 US

Current Mailing Address:

5009 LEONARD BLVD S
LEHIGH ACRES, FL 33971 US

New Mailing Address:

1707 LINCOLN AVENUE
LEHIGH ACRES, FL 33972 US

FEI Number: 20-5771056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAWSON, JENNIFER A
5009 LEONARD BLVD S
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

CLAWSON, JENNIFER A
1707 LINCOLN AVENUE
LEHIGH ACRES, FL 33972 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: JENNIFER CLAWSON 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLAWSON, JENNIFER A
Address: 5009 LEONARD BLVD S
City-St-Zip: LEHIGH, FL 33971 US

Title: VP ( ) Delete
Name: CLAWSON, JONATHAN D
Address: 5009 LEONARD BLVD S
City-St-Zip: LEHIGH, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CLAWSON, JENNIFER A
Address: 1707 LINCOLN AVENUE
City-St-Zip: LEHIGH, FL 33972 US

Title: VP (X) Change ( ) Addition
Name: CLAWSON, JONATHAN D
Address: 1707 LINCOLN AVENUE
City-St-Zip: LEHIGH, FL 33972 US

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: JENNIFER CLAWSON P 04/17/2007
Electronic Signature of Signing Officer or Director Date