2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P07000063687

Entity Name: CLEAR POINT SOLUTIONS & SERVICES, INC.

Current Principal Place of Business:

9185 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

9185 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 26-2354864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAKHLANI, DEEPA
2014 SW 29TH CT
APT 4B1
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

COELHO, MARCIO
9185 SEDGEWOOD DRIVE
LAKE WORTH, FL 33467 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: MARCIO COELHO 02/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COELHO, MARCIO
Address: 9185 SEDGEWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: P ( ) Delete
Name: LAKHLANI, PRAVINCHANDRA
Address: 2014 SW 29TH CT, APT 4B1
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: P (X) Delete
Name: LOAIZA, WILFRED
Address: 1841 CATESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: LOAIZA, WILFRED
Address: 1841 CATESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

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: MARCIO COELHO P 02/17/2009
Electronic Signature of Signing Officer or Director Date