FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90040 014 ***150.00

DOCUMENT # P07000066 1. Entity Name CELEBRITY OF CLEARWATER INC.			
Principal Place of Business	Mailing Address		The state of the s
4576 N HIATUS RD Sunrise, Fl. 33351 US	4576 N HIATUS RD Sunrise, FL 33351	US	
2. Principal Place of Business - No P.O. Box # 4/3 Mandalay Glue	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

CELEBRI	e TY OF CLEARWATER INC										
Principal Place of Business Mailing Address						112					
4576 N HIAT Sunrise, Fl		4576 N HIATUS RD Sunrise, FL 33351 US			10065	114					
2 Principal P	lace of Business No BO Boy #	2 Mailing Address									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					 				E		
Suite, Apt.		Suite, Apt. #, etc.				72008	Chg-P	CR2	2E034	(12/06	·
C Pery & State	cater FL	City & State			4. FI	El Number					Applied For Not Applicable
337	Country	Zip	Countr	гу	5 . C	ertificate of	Status Desired				dditional
	6. Name and Address of Current	t Registered Agent		Name	7. N	ame and A	ddress of New	Register	ed Ag	ent	
	R, VERED										
4576 N HIATUS RD SUNRISE, FL 33351			-	Street Address (P.O. Box Number is Not Acceptable)							
			-	City		·····		6	- <u>L</u>	Zip Co	ode
8. The above	named entity submits this statement for	or the purpose of changing its	s registered	d office or re	egistered age	ent, or both,	in the State of I	_		niliar witi	h, and accept
the obligat	ions of registered agent.										·
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO)	E: Rogistered	Agent signature	required when rea	nstating)		DA ⁻	TE.		
						· · · · · ·					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont		cing 🗀	\$5.00 M Added to F						
After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	.00 Trust Fund Con	tribution.	~ ~	Added to F	ees	HANGES TO OI	FFICERS A	AND D	IRECTO	RS IN 11
After Ma	ay 1, 2008 Fee will be \$550	.00 Trust Fund Con	11.		Added to F	ees	HANGES TO OI	FFICERS		DIRECTO	
10. TITLE NAME STREET ADDRESS	P CHEHEBAR, VERED 4576 N HIATUS RD	.00 Trust Fund Con	11. TITLE NAME STREE	1 ADDRESS	Added to F	ees	HANGES TO OI	FFICERS A			
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12. I hereby certify that the information supplied with this filling 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 all other like empowered.

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR