

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000069714

FILED
Dec 22, 2008
Secretary of State

Entity Name: CLEAR BLUE SOLUTIONS INC.

Current Principal Place of Business:

2481 CREEK FRONT DR
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

2481 CREEK FRONT DR
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 06-1818800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301 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: BUSINESS FILINGS INCORPORATED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SMITH, CHRISTOPHER J
Address: 2481 CREEK FRONT DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP/D () Delete
Name: DUNSON, WILLIAM M
Address: PO BOX 26
City-St-Zip: POMONA PARK, FL 32181

Title: S/D () Delete
Name: DUNSON, LAURA ANN
Address: PO BOX 26
City-St-Zip: POMONA PARK, FL 32181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: FISHER, CHARLES S
Address: 5100 BURCHETTE RD
City-St-Zip: TAMPA, FL 33647

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: CHRISTOPHER J. SMITH

P/D

12/22/2008

Electronic Signature of Signing Officer or Director

Date