2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091865

Entity Name: CLEARMARK CONSULTING, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4261 ESSEX TERRACE CIRCLE 1201 HUNTINGTON LANE

PACE, FL 32571 US SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

4261 ESSEX TERRACE CIRCLE 1201 HUNTINGTON LANE

PACE, FL 32571 US SAFETY HARBOR, FL 34695 US

FEI Number: 26-0725398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRAVERS, JENNIFER L
4261 ESSEX TERRACE CIRCLE
TRAVERS, JENNIFER L
1201 HUNTINGTON LANE

PACE, FL 32571 US SAFETY HARBOR, FL 34695 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TRAVERS, JENNIFER L
 Name:
 TRAVERS, JENNIFER L

 Address:
 4261 ESSEX TERRACE CIRCLE
 Address:
 1201 HUNTINGTON LANE

City-St-Zip: PACE, FL 32571 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Name: TRAVERS, OTIS Name: TRAVERS, OTIS
Address: 4261 ESSEX TERRACE CIRCLE Address: 1201 HUNTINGTON LANE

City-St-Zip: PACE, FL 32571 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D (X) Delete Title: () Change () Addition

Name: TRAVERS, JENNIFER L Name:

 Address:
 4261 ESSEX TERRACE CIRCLE
 Address:

 City-St-Zip:
 PACE, FL 32571 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 TRAVERS, OTIS
 Name:

 Address:
 4261 ESSEX TERRACE CIRCLE
 Address:

 City-St-Zip:
 PACE, FL 32571 US
 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: JENNIFER TRAVERS P 04/30/2009