

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000064495

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** CLIIR, INC.

**Current Principal Place of Business:**

816 ARDENLIEGH DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1451 BELMONT ST. NW #205  
WASHINGTON, DC 20009

**New Mailing Address:**

**FEI Number:** 45-2779257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POST, JACQUELINE I  
3040 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228 US

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

POST, JACQUELINE  
816 ARDENLEIGH DRIVE  
ORLANDO, FL 32828 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: JACQUELINE POST

03/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** POST, JACQUELINE I  
**Address:** 1451 BELMONT STREET NW, STE 205  
**City-St-Zip:** WASHINGTON, DC 20009

**Title:** COO  
**Name:** LADHA, FAYRID  
**Address:** 1451 BELMONT STREET NW, STE 205  
**City-St-Zip:** WASHINGTON, DC 20009

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE POST

CEO

03/04/2012

Electronic Signature of Signing Officer or Director

Date