2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# P11328

Entity Name: CLEXTRAL INC.

Current Principal Place of Business:

14450 CARLSON CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

14450 CARLSON CIRCLE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 48-0950691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAVAGLINI, CHARLES
Address: 47 RUE DES RIVES
City-St-Zip: FIRMINY, FR

Title: D ( ) Delete
Name: DELAUAL, BENOIT
Address: 1 RUE DU COLOCIAL RIEZ
City-St-Zip: FIRMINY, FRANCE, 42700

Title: D ( ) Delete
Name: BOVIER, JEAN-MARIE
Address: 5 PLACE FOURNEYRON
City-St-Zip: SAINT-ETIENNE, FR 42000

Title: PT ( ) Delete
Name: CAMPIELIA, F. M
Address: 14450 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PT (X) Change ( ) Addition
Name: CAMPIGLIA, F. M
Address: 14450 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626

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: FRANK M. CAMPIGLIA MR. 07/25/2007

Electronic Signature of Signing Officer or Director — Date