


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90076 047 \*\*\*150.00

DOCUMENT # P95000053794		
1. Entity Name CLAS-CLIP, INC.		

Principal Place of Business 2705 HIATUS RD COOPER CITY, FL 33026 US	Mailing Address 2705 HIATUS RD COOPER CITY, FL 33026 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40038178



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0586822	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, ELIZABETH 9975 SW 59 CT COOPER CITY, FL 33328		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DONNA S 2351 PECAN CT COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blair, Donna S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ELIZABETH L 9975 SW 59 CT COOPER CITY, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.	
SIGNATURE: <u>Elizabeth Smith VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3-15-07</u> Daytime Phone #: <u>954 430 4223</u>

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

ATTACHMENT

40038178

#P95066053794

(STATE FILE NUMBER)

DATE RETURNED:

APR 28 2005

RECORDED: BOOK 352 PAGE 0551

HOWARD C. FORMAN, CLERK OF COURT

BY ATG, DEPUTY CLERK

ML-SO-05-000320

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>ROBERT CHRISTOPHER BLAIRE</b>			2. DATE OF BIRTH (Month, Day, Year) <b>OCT 20, 1970</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PEMBROKE PINES</b>	3b. COUNTY <b>BROWARD</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>DONNA SUE BROWN-MILLHORN</b>		5b. MAIDEN SURNAME (If different) <b>MARSHALL</b>	6. DATE OF BIRTH (Month, Day, Year) <b>SEP 16, 1967</b>	
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PEMBROKE PINES</b>	7b. COUNTY <b>BROWARD</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>NEW JERSEY</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

*Robert Christopher Blaire*

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

**FEB 07, 2005**

11. TITLE OF OFFICIAL

**DEPUTY CLERK ALETHEA THURSTON**

12. SIGNATURE OF OFFICIAL (Use black ink)

*Alethea Thurston*

13. SIGNATURE OF BRIDE (Sign full name using black ink)

*Donna Sue Brown-Millhorn*

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

**FEB 07, 2005**

15. TITLE OF OFFICIAL

**DEPUTY CLERK ALETHEA THURSTON**

16. SIGNATURE OF OFFICIAL (Use black ink)

*Alethea Thurston*

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

**BROWARD**

18. DATE LICENSE ISSUED

**FEB 07, 2005**

18a. DATE LICENSE EFFECTIVE

**FEB 10, 2005**

19. EXPIRATION DATE

**APR 10, 2005**

20a. SIGNATURE OF COURT CLERK OR JUDGE

*Alethea Thurston*

20b. TITLE

**DEPUTY CLERK ALETHEA THURSTON**

20c. BY O.C.

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

**March 4, 2005**

22. CITY, TOWN, OR LOCATION OF MARRIAGE

**PEMBROKE PINES, FL**

23a. SIGNATURE OF PERSON PERFORMING CEREMONY

*Elizabeth D. Zarocca*

23c. ADDRESS (Of person performing ceremony)

**2350 Pecan Ct. Pembroke Pines, FL**

(Or notary stamp)

**ELIZABETH D. ZARocca**

**NOTARY**

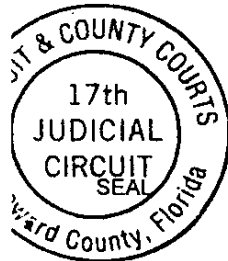
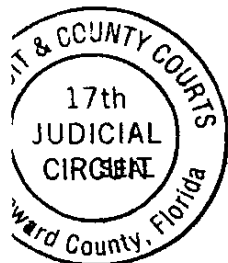
**#DO 307917**

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

*Elizabeth D. Zarocca*

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

*Elizabeth D. Zarocca*



SEAL