2006 FOR PROFIT CORPORATION

ANNUAL REPORT Jan 06, 2006 08:00 AM Secretary of State DOCUMENT # P96000067376 C.L.Ó. HOLDINGS, INC. Principal Place of Business Mailing Address 2400 84TH COURT PO BOX 651314 EAST BUILDING VERO BEACH, FL 32965 US VERO BEACH, FL 32966 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3402761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KRYGERIS, EDWARD J DO NOT WRITE 2400 84TH COURT VERO BEACH, FL 32966 IN THIS SPACE 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE KRYGERIS, EDWARD J NAME STREET ADDRESS P.O. BOX 651314 CITY-ST-ZIP VERO BEACH, FL 32965 TITLE Cathan JR Te NAME [4] (唐·唐·新京等): [4] STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes: 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 employered 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 diper like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

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Date

(2772) 562 BIBI

Daytime Phone #

FILED