2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P97000094833

Entity Name: BEAR CLAW, INC.

Current Principal Place of Business:

1465 S FT HARRISON AVE STE 201
CLEARWATER, FL 33756

New Principal Place of Business:

1465 S FT HARRISON AVE
SUITE 201
CLEARWATER, FL 33756

Current Mailing Address:

1465 S FT HARRISON AVE STE 201
CLEARWATER, FL 33756

New Mailing Address:

1465 S FT HARRISON AVE
SUITE 201
CLEARWATER, FL 33756

FEI Number: 59-3481650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWARTN, SALLY
1465 S FT HARRISON AVE STE 201
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

STEWART, SALLY
1465 S FT HARRISON AVE
SUITE 201
CLEARWATER, FL 33756 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: SALLY STEWART 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: TURLEY, STEWART
Address: 1465 S FT HARRISON AVE STE 201
City-St-Zip: CLEARWATER, FL 33756

Title: S ( ) Delete
Name: TURLEY, LINDA A.
Address: 1465 S FT HARRISON AVE STE 201
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: TURLEY, LINDA A
Address: 1465 S FT HARRISON AVE STE 201
City-St-Zip: CLEARWATER, FL 33756

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: STEWART TURLEY PTD 03/31/2009
Electronic Signature of Signing Officer or Director Date