2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# P98000075438

Entity Name: CLASP INC.

Current Principal Place of Business:

3001 TAMIAMI TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3001 TAMIAMI TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-3533201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHTER, JOEL H
3001 TAMIAMI TRAIL N 4TH FL
NAPLES, FL 34103 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:	DPST	( ) Delete
Name:	SCHECHTER, JOEL	
Address:	3001 TAMIAMI TRAIL N 4TH FL	
City-St-Zip:	NAPLES, FL 34103 US	
Title:	V	( ) Delete
Name:	LANCASTER, ROBERT L	
Address:	3001 TAMIAMI TRAIL NORTH 4 FLOOR	
City-St-Zip:	NAPLES, FL 34103 US	
Title:	V	( ) Delete
Name:	RUSSELL, DEBORAH L	
Address:	3001 TAMIAMI TRAIL N, 4TH FLOOR	
City-St-Zip:	NAPLES, FL 34103	
Title:	V	( ) Delete
Name:	HUJSA, HOWARD M	
Address:	3001 TAMIAMI TRAIL N. 4TH FLOOR	
City-St-Zip:	NAPLES, FL 34103	
Title:	V	( ) Delete
Name:	HOROWITZ, WILLIAM N	
Address:	24311 WALDEN CENTER DRIVE, #201	
City-St-Zip:	BONITA SPRINGS, FL 34134	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL SCHECHTER P 02/16/2006

Electronic Signature of Signing Officer or Director — Date