

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094295

FILED
Apr 29, 2009
Secretary of State

Entity Name: CLEARLY MEDICAL CORPORATION

Current Principal Place of Business:

3876 SW 112 AVE.
#121
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

3876 SW 112 AVE.
#121
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1070514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, JOEL
2666 TIGERTAIL AVE
STE 104
MIAMI, FL 33133 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: PD () Delete
Name: HOWELL, SCOTT C
Address: 10421 N.W 49 PL
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SVD () Delete
Name: CHILDERS, CHARLES
Address: 3876 S.W. 112 AVE #115
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: RODNEY, GARY
Address: 1560 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: DC () Delete
Name: JAENSCH, GUENTER H
Address: 16065 BRISTOL ISLE WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: LEAVITT, JOHN C
Address: 4865 ST. JAMES AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: PERRUCCI, ESQ., CHRISTOPHER
Address: 1186 SHEERBROOK DR
City-St-Zip: CHAGRIN FALLS, OH 44022

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
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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 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: CHARLES CHILDERS

SVD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date