2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P98000102580

Entity Name: VAN CLEAVE, INC.

Current Principal Place of Business:

5567 TAYLOR RD
STE 12
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5567 TAYLOR RD
STE 12
NAPLES, FL 34109

New Mailing Address:

PO BOX 366157
BONITA SPRINGS, FL 34136

FEI Number: 59-3545803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN CLEAVE, HANS
5567 TAYLOR RD
STE 12
NAPLES, FL 34109 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: P ( ) Delete
Name: VAN CLEAVE, HANS
Address: 10687 WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: VAN CLEAVE, HANS
Address: 10687 WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

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: HANS VAN CLEAVE PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date