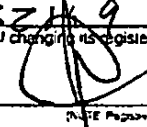
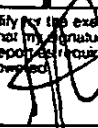


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

02-25-2008 90071 034 ***158.75

DOCUMENT # P99000026252			
1. Entity Name CLARK CAPITAL INVESTMENTS, INC.			
Principal Place of Business 38 UPPER LAKE ROAD WESTLAKE VILLAGE CA 91381 250 Minorca Beach Way Unit #201 New Smyrna Beach, FL 32169		Mailing Address 250 Minorca New Smyrna Beach, FL 32169	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE CR2E034 (10/07)	
City & State	City & State	4. FE# Number 59-3564158	Applied For Not Applicable
Zip	County	5. Certificate of Status Desired	\$8.75 Additional Fee Required
B. Name and Address of Current Registered Agent CLARK JAMES R Jeffrey R Clark 14884 FERN HAMMOCK DRIVE JACKSONVILLE FL 32258 250 Minorca Beach Way Unit #201 New Smyrna Beach, FL 32169		7. Name and Address of New Registered Agent Jeffrey R. Clark 38 Upper Lake Road Thousand Oaks, CA 91361 FL Zip Code	
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 		DATE 4/11/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JEFFREY R 38 UPPER LAKE DRIVE WESTLAKE VILLAGE CA 91381 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 250 Minorca Beach Way #201 New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GAYE G 38 UPPER LAKE ROAD WESTLAKE VILLAGE CA 91381 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I 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 empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/11/08	