

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000064077

1. Entity Name  
 DON CLARKE ENTERPRISES, INC.



Principal Place of Business  
 1641 N 71 TERRACE  
 HOLLYWOOD, FL 33024

Mailing Address  
 1641 N 71 TERRACE  
 HOLLYWOOD, FL 33024



06302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0935277 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, CAROL L  
 2260 NW 183 ST  
 MIAMI, FL 33056

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, DONALD F
STREET ADDRESS	395 NW 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	CLARKE, HELGA
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	CLARKE, DONALD JR
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	CLARKE, DWIGHT O
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	CLARKE, SIMONE
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000569389  
 07/13/06-80010-022 550.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald F Clarke* DONALD F CLARKE 7/10/06 (954) 962-0099  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #