

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064077

FILED
Apr 30, 2009
Secretary of State

Entity Name: DON CLARKE ENTERPRISES, INC.

Current Principal Place of Business:

1641 N 71 TERRACE
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

1641 N 71 TERRACE
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-0935277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, CAROL L
2260 NW 183 ST
MIAMI, FL 33056 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: D () Delete
Name: CLARKE, DONALD F
Address: 395 NW 154 ST
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: CLARKE, HELGA
Address: 395 NE 154 ST
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: CLARKE, DONALD JR
Address: 395 NE 154 ST
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: CLARKE, DWIGHT O
Address: 395 NE 154 ST
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: CLARKE, SIMONE
Address: 395 NE 154 ST
City-St-Zip: MIAMI, FL 33162

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 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: DONALD F. CLARKE SR.

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date