2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000521

Entity Name: CLAY & BAKER KIDS NET, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1726 KING SUITE 2	SLEY AVENU	E					
ORANGE I	PARK, FL 320	073					
Current Mailing Address:				New Mailing Address:			
SUITE 2	SLEY AVENU PARK, FL 320						
FEI Number: 43-1992162 FEI Number Applied For ()			FEI Num	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE #2	N, KEVIN SLEY AVE. VILLE, FL 320	073 US					
	named entity of Florida.	submits this statement for the pu	ırpose of	changing it	s registered	d office or registered agent, or both,	
SIGNATUR							
	Electro	nic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (STANDIFER, L 1724 PLANFIE ORANGE PARI	LD AVENUE		Title: Name: Address: City-St-Zip:		(X) Change () Addition IORE TRY CLUB BOULEVARD ARK, FL 32073	
Title: Name: Address: City-St-Zip:	D (HAWKINSON, 844 RIVER RC ORANGE PARI	AD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HUNTLEY, MAI 104 MILWAUK ORANGE PARI	EE AVENUE		Title: Name: Address: City-St-Zip:		(X) Change ()Addition D, JOHN MYRTLE LANE ARK, FL 32003	
Title: Name: Address: City-St-Zip:	D (KENT, SUSIE 366 FOXRIDG ORANGE PARI			Title: Name: Address: City-St-Zip:		(X) Change ()Addition OBERT V ONTE AVENUE LLE, FL 32207	
Title: Name: Address: City-St-Zip:	SANFORD, CA	S RIDGE DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KNOFF, MICHE 1345 BLACKM			Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN DAVIDSON CFO 01/09/2007