2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N03000000521

Entity Name: CLAY & BAKER KIDS NET, INC.

Current Principal Place of Business:

1726 KINGSLEY AVENUE
SUITE 2
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1726 KINGSLEY AVENUE
SUITE 2
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 43-1992162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, KEVIN
1726 KINGSLEY AVE.
SUITE #2
JACKSONVILLE, FL 32073 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PAULK, LENORE
Address: 2934 COUNTRY CLUB BOULEVARD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: HAWKINSON, JIM
Address: 844 RIVER ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: CRAWFORD, JOHN
Address: 1896 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: GRAHAM, ROBERT V
Address: 1751 BELMONTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: SANFORD, CANDY
Address: 1751 FIDDLERS RIDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: KNOFF, MICHELLE
Address: 1345 BLACKMON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HARKNESS, PATRICIA
Address: 2836 COUNTRY CLUB BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition
Name: GRAHAM, ROBERT V
Address: 1750 BELMONTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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 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 01/15/2008

Electronic Signature of Signing Officer or Director — Date