2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2007 08:00 AM Secretary of State DOCUMENT # P02000113598 1. Entity Name AMERICAN FRAMERS CORP. Principal Place of Business Mailing Address 1706 LONG AVENUE 1706 LONG AVENUE PORT ST JOE, FL 32456 PORT ST JOE, FL 32456 CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0432643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAYTON, JEFFREY A DO NOT WRITE 1706 LONG AVENUE PORT ST JOE, FL 32456 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 Signature, typed or printed name of registered egent and title if explicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. _ Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CLAYTON, JEFFREY A NAME 1706 LONG AVENUE STREET ADDRESS U00000616420 PORT ST JOE, FL 32456 CITY-ST-ZIP 02/07/07-80025-021 15n.m TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SYREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE Makis STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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 lifegrempowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP