2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # P96000050713 1. Entity Name 05-04-2006 90243 006 ***163.75 GHETT CLAYED, INC. Principal Place of Business Mailing Address PO BOX 1027 PO BOX 1027 **DUNNELLON FL 34430-1022 DUNNELLON FL 34430-1027** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3390997 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jeorge Eric TryLor JEORGE, ERIC T Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 2700 TAMPA FL 33602 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE Delete NAME TAYLOR, ERIC JR NAME STREET ADDRESS 20930 RIVER DR. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME TAYLOR, SUSAN B STREET ADDRESS 20930 RIVER DR. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY - ST - ZIP THUE ☐ Delete THE Change Change ☐ Addition NAME NAME TAYLOR, JE STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD STE 2700 CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Defete ☐ Addition TAYLOR, JOY E NAME NAME 1007 N. Elbow Lane Vaedly, PA 19067 STREET ADDRESS STREET ADDRESS 2501 LYNBROOK DR CITY-ST-ZIP CITY-ST-ZIP YARDLEY PA 19067 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

TUNE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Resident - Director

4/19/06 357-489-3/0 Date Daytino Phone #

FILED