

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 667952

FILED
Aug 28, 2007
Secretary of State

Entity Name: CLAY OIL CORPORATION

Current Principal Place of Business:

42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-1995103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 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: CPD () Delete
Name: ASHBY, JR, GEORGE H
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: SVP () Delete
Name: PATTERSON, KEITH
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP () Delete
Name: CHAMBERLAIN, BRYAN
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP/T () Delete
Name: BOYLES, DARRELL E
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S () Delete
Name: ALFRED, ALICIA F
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ASHBY, JR, GEORGE H
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: PCOO (X) Change () Addition
Name: PATTERSON, KEITH
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

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: ALICIA F ALFRED

S

08/28/2007

Electronic Signature of Signing Officer or Director

Date