


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # G64341 1. Entity Name LADY CLARA, INC.	
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Principal Place of Business PO BOX 501082 P.O. BOX 1082 MARATHON, FL 33050 US	Mailing Address PO BOX 501082 P.O. BOX 1082 MARATHON, FL 33050 US
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2341491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D.
5701 OVERSEAS HIGHWAY
SUITE 17
MARATHON, FL 33050**

DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000907745
 05/05/08-80050-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAYETTE, GERALD E. 1129 CALLE ENSENADA MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAYETTE, CLARA A. 1129 CALLE ENSENADA MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Clara A. Mayette* CLARA A. MAYETTE **4/17/08** **305-395-2095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #