## 2006 FOR PROFIT CORPORATION --- ANNUAL REPORT

## **FILED** Apr 17, 2006 08:00 AM DOCUMENT # J50164 **Secretary of State** 1. Entity Name CLAYTON GALLERIES, INC. Principal Place of Business Mailing Address 4105 S. MACDILL AVE. 4105 S. MACDILL AVE. TAMPA, FL 33611 TAMPA, FL 33611 04142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2762394 Not App \$8.75 Addition. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAYTON, CATHLEEN C. DO NOT WRITE 4105 S. MACDILL AVE. TAMPA, FL 33611 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent tignature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CLAYTON, CATHLEEN C. NAME STREET ADDRESS 4105 S. MACDILL AVE. U00000512740 GITY-ST-ZIP TAMPA, FL 04/29/06-80104-006 150.00 TITLE FEINGOLD, MARK NAME STREET ADDRESS 4105 S MACDILL AVE CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

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 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 Exchanged, or on an attachment with an address, with all other like empowered.

11/10/1/at

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP