2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # J50164** 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 CR2E034 (11/05) 04202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2762394 Not Applicable \$8.75 Additional 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 famillar with, and accept the obligations of maisfeled ag; SIGNATUF. CATE Signum..., ,, . utie il appecable (NOTE: Registered Agent signature required when reinstating) U00000733029 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 05/09/07-80068-014 150.00 10. OFFICERS AND DIRECTORS PST TITLE CLAYTON, CATHLEEN C. STREET ADDRESS 4105 S. MACDILL AVE. CITY-ST-ZIP TAMPA, FL FEINGOLD, MARK STREET ADDRESS 4105 S MACDILL AVE CITY-ST-7IP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ampowered 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.

STREET ADDRESS CITY-ST-ZIP