CITY-ST-ZIP DUE NAME STREET ADDRESS CITY-ST-ZIP

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 03, 2008 08:00 AN 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 04012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-2762394 Not Applicab \$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 familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** мау в��. Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CLAYTON, CATHLEEN C. NAME 4105 S. MACDILL AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL FEINGOLD, MARK STREET ADDRESS 4105 S MACDILL AVE CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

FILED

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 game appears in Block 10 or Block 11 i