2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005708

Jul 23, 2008 Secretary of State

| • | me: SISTERS MADE OF CLAY INC. | Secretary of State |
|---|---|--|
| Current P | Principal Place of Business: | New Principal Place of Business: |
| 8710 N. 40 TAMPA, F | | |
| Current N | Mailing Address: | New Mailing Address: |
| P.O.BOX : TAMPA, F | | |
| In accordar | r: 41-2053037 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation d | |
| Name and | d Address of Current Registered Agent | : Name and Address of New Registered Agent: |
| THONOT | LEOLA IMONS RD. OSASSA, FL 33592 US | |
| | | New Principal Place of Business: New Mailing Address: or () FEI Number Not Applicable () Certificate of Status Desired () ion did not receive the prior notice. |
| | e named entity submits this statement for t e of Florida. | he purpose of changing its registered office or registered agent, or both, |
| in the Stat | e of Florida. | |
| | e of Florida. | |
| in the Stat SIGNATU | e of Florida. | |
| in the Stat SIGNATU OFFICER Title: Name: Address: | e of Florida. RE: Electronic Signature of Registered | Agent Date |
| in the Stat SIGNATU | e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: P () Delete GIBSON, WANDA 4409 BASS ST. | Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Name: Address: |

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOLA TILLMAN F 07/23/2008