2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N02000005708

Entity Name: SISTERS MADE OF CLAY INC.

Current Principal Place of Business:

8710 N. 40TH ST.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 290878
TAMPA, FL 33687

New Mailing Address:

FEI Number: 41-2053037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TILLMAN, LEOLA
10411 TIMMONS RD.
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GIBSON, WANDA
Address: 4409 BASS ST.
City-St-Zip: TAMPA, FL 33617

Title: S ( ) Delete
Name: GREEN, JUANA N
Address: 1134 S. 69TH STREET
City-St-Zip: TAMPA, FL 33619

Title: T ( ) Delete
Name: SAMS, ERTHA
Address: 1736 COMPTON STREET
City-St-Zip: TAMPA, FL 33511

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. (X) Change ( ) Addition
Name: GIBSON, WANDA
Address: 4409 BASS ST.
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES ( ) Change (X) Addition
Name: TILLMAN, LEOLA
Address: 10411 TIMMONS RD.
City-St-Zip: THONOTOSASSA, FL

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 PRES 06/16/2009

Electronic Signature of Signing Officer or Director — Date