

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90031 019 \*\*\*\*61.25

<b>DOCUMENT # N05000005072</b> 1. Entity Name <b>FLAMINGO CLAY STUDIO, INC.</b>					
Principal Place of Business <del>6412 LONG KEY LANE</del> <del>BOYNTON BEACH, FL 33437</del>			Mailing Address <del>6412 LONG KEY LANE</del> <del>BOYNTON BEACH, FL 33437</del>		
2. Principal Place of Business - No P.O. Box # <b>318 B-2 KNOTTY PINE CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>318 B-2 KNOTTY PINE CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>GREENACRES FL</b>		City & State <b>GREENACRES FL</b>		4. FEI Number <b>20-2847213</b> APPLIED FOR	
Zip <b>33463</b>	Country <b>PALM BEACH</b>	Zip <b>33463</b>	Country <b>PALM BEACH</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>ROSENBERG, JOAN</del> <del>6412 LONG KEY LANE</del> <del>BOYNTON BEACH, FL 33437</del>				7. Name and Address of New Registered Agent Name <b>JOYCE BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>318 B-2 KNOTTY PINE CIRCLE</b> <b>GREENACRES</b> City <b>FL</b> Zip Code <b>33463</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JOYCE 318 B-2 KNOTTY PINE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENBERG, JOAN 6412 LONG-KEY LANE BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY- THEO SABLE 7020 HALF MOON CIRCLE #504 HYPOLEXO FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOWALTER, JESSE 2509 N. FEDERAL HIGHWAY LAKE WORTH, FL 33406 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTING TREASURER JOYCE BROWN 318 B-2 KNOTTY PINE CIRCLE GREENACRES FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2/4/08</b> <small>Date Daytime Phone #</small>	