2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2011
Secretary of State

DOCUMENT# N08000007792

Entity Name: ALPHA CLAY PEARLS, INC.

Current Principal Place of Business:

4954 RHODE ISLAND DRIVE NORTH
JACKSONNVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4954 RHODE ISLAND DRIVE NORTH
JACKSONNVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURCH, INGRID A
1227 SUMTER SQUARE DRIVE EAST
JACKSONNVILLE, FL 32218 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: D
Name: BURCH, INGRID
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

Title: DP
Name: BAILEY, DEVONDA
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

Title: DST
Name: HARLEY, NINA
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

Title: D
Name: HICKS-HARLEY, PATRICIA
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

Title: D
Name: COLEMAN, BARBARA
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

Title: D
Name: COLEMAN, RONALD
Address: 4954 RHODE ISLAND DRIVE NORTH
City-St-Zip: JACKSONNVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: INGRID A. BURCH D 04/03/2011
Electronic Signature of Signing Officer or Director — Date