


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N47612 1. Entity Name KEEP CLAY BEAUTIFUL, INC.	
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Principal Place of Business 3545 ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043	Mailing Address 3545 ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043
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01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3111012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOLLEY, TANIA P 3545 S ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLEY, TANIA P 3545 ROSEMARY HILL RD GREEN COVE SPGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IGOU, DEWAYNE 6501 GREENLAND RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, ALAN 3545 ROSEMARY HILL ROAD GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TILLMAN, ELIZABETH 505 N. ORANGE AVE GREEN COVE SPRINGS, FL 37043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000404049
02/06/06-80031-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Tania P. Jolley 1-24-06 904-269-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #