

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90077 031 ****61.25

DOCUMENT # N97000005856					
1. Entity Name CLAY NETWORKS, INC.					
Principal Place of Business 1452 SEMINOLE ROAD ATLANTIC BEACH, FL 32233			Mailing Address 1452 SEMINOLE ROAD ATLANTIC BEACH, FL 32233 2509 S. Ponte Vedra Blvd. Ponte Vedra, FL 32082		
2. Principal Place of Business 2509 S. Ponte Vedra Blvd.			3. Mailing Address 2509 S. Ponte Vedra Blvd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ponte Vedra, FL.			City & State Ponte Vedra, FL.		
Zip 32082		Country U.S.A.		4. FEI Number 59-3493800	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ALESSANDRO, PAUL 200 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <i>Treasurer</i> <input type="checkbox"/> Delete NAME JIMESON, MARGARET STREET ADDRESS 2509 S. PONTE VEDRA BLVD CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D JONES, ROSEMARY P <input checked="" type="checkbox"/> Delete NAME JONES, ROSEMARY P STREET ADDRESS 1452 SEMINOLE ROAD CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D DAVIDSON, THERESA F <input checked="" type="checkbox"/> Delete NAME DAVIDSON, THERESA F STREET ADDRESS 3716 CEDAR ST. CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <i>Lisa Woodruff</i> <input type="checkbox"/> Delete NAME 621 Cherry St. <i>V. President</i> STREET ADDRESS Neptune Beach, FL 32266 CITY-ST-ZIP Neptune Beach, FL 32266	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <i>Debbie Bragg</i> <input type="checkbox"/> Delete NAME 3673 Manor Oaks Dr. <i>President</i> STREET ADDRESS Jacksonville FL 32277 CITY-ST-ZIP Jacksonville FL 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ <input type="checkbox"/> Delete 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 exemption stated in Section 119.07(3)(i), 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: <i>Margaret B. Jimeson, Treasurer</i> 7/21/05 904-879-8640 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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