## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000041376 1. Entity Name CLAY HILL'S DISCOUNT BEVERAGES, INC.

**FILED** May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

5134 C.R. 218 MIDDLEBURG, FL 32068 Mailing Address 5134 C.R. 218 MIDDLEBURG, FL 32068

## DO NOT WRITE IN THIS SPACE

02242006 No Chg-P 4. FEI Number		CR2E034 (11/05)		
				Applied For
59-3724		$\Box$	Not Applicable	
5 Cortificate r	of Status Dooired		\$8.75	Additional

Fee Required

6. Name and Address of Current Registered Agent

SOPHOAT, LIM 5134 CR 218 MIDDLEBURG, FL 32068

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

the obligations of registered agent.								
SIGNATURE  Signature, yood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIM, SOPHOAT 3396 CHIMNEY DR MIDDLEBURG, FL 32068				1100000552665			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOR, EILEEN 3396 CHIMNEY DR MIDDLEBURG, FL 32068				05/15/06-80029-026 150.00			
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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 607, 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.								

SOPHOAT LIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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