2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with/all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Jan 24, 2005 08:00 AM DOCUMENT # P02000020975 Secretary of State 1. Entity Name CLAY HILL GAS, INC. Principal Place of Business___ Mailing Address 5446 COUNTY ROAD 218.__ 5446 COUNTY ROAD 218 MIDDLEBURG, FL 32068 _ MIDDLEBURG, FL 32068 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2278418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NUGENT, CARL V DO NOT WRITE 5446 COUNTY ROAD 218 MIDDLEBURG, FL 32068 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 agen) and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NUGENT, CARL V HAME 1147 LAKE ASBURY DRIVE STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 U00000189805 TITLE 01/24/05-80110-007 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED