

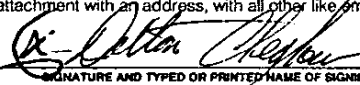


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90056 001 \*\*\*135.00  
02-24-2005 90056 002 \*\*\*\*15.00

<b>DOCUMENT # P04000043916</b> 1. Entity Name <b>DALTON CLEGHORN SALES INC</b>																													
Principal Place of Business <b>39011 LAKE BURNS ROAD</b> <b>UMATILLA, FL 32784</b>			Mailing Address <b>39011 LAKE BURNS ROAD</b> <b>UMATILLA, FL 32784</b>																										
2. Principal Place of Business <b>711 Greentree Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>P O Box 954054</b> Suite, Apt. #, etc.																											
City & State <b>Lake Mary, FL</b> Zip <b>32746</b> Country		City & State <b>Lake Mary, FL</b> Zip <b>32795-4054</b> Country		4. FEI Number <b>20-0833064</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>CLEGHORN, DALTON</b> <b>39011 LAKE BURNS ROAD</b> <b>UMATILLA, FL 32784</b>			7. Name and Address of New Registered Agent Name <b>Dalton Cleghorn</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 Greentree Ct</b> City <b>Lake Mary, FL</b> Zip Code <b>32746</b>																										
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:  <b>Dalton Cleghorn</b> DATE <b>1-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>CLEGHORN, DALTON</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>39011 BURNS ROAD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>UMATILLA, FL 32784</b></td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	<b>CLEGHORN, DALTON</b>		STREET ADDRESS	<b>39011 BURNS ROAD</b>		CITY-ST-ZIP	<b>UMATILLA, FL 32784</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">President/Director</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Dalton Cleghorn</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>711 Greentree Ct</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Lake Mary, FL 32746</b></td> <td></td> </tr> </table>			TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Dalton Cleghorn</b>		STREET ADDRESS	<b>711 Greentree Ct</b>		CITY-ST-ZIP	<b>Lake Mary, FL 32746</b>	
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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 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.																													
SIGNATURE:  <b>Dalton Cleghorn</b> President/Director DATE <b>1-28-05</b> DAYTIME PHONE # <b>813-967-0534</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													