2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000015431** 05-03-2006 90248 032 ***150.00 1. Entity Name CLIPTOMANIA, INC. Principal Place of Business Mailing Address 1358 S.R. 60 EAST 1358 S.R. 60 EAST 60034819 LAKE WALES, FL 33853 LAKE WALES, FL 33853 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2878948 Not Applicable \$8.75 Additional Ζŧρ Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAXON-DICKEY, NORA Street Address (P.O. Box Number is Not Acceptable) 4030 PAW PAW TRAIL LAKE WALES, FL 33898 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Oelete TELLE ☐ Change ☐ Addition SAZXON-DICKEY, NORA NAME NAME 4030 PAW PAW TRAIL STREET ADDRESS STREET ADDRESS LAKE WALES, FL 33898 CITY-ST-ZIP CITY-ST-ZIP ME ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this ding gives not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport is tude 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 a packers. An execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/29/06 (863)676-074