

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015431

Entity Name: CLIPTOMANIA, INC.

FILED  
Mar 02, 2009  
Secretary of State

**Current Principal Place of Business:**

1358 S.R. 60 EAST  
LAKE WALES, FL 33853

**New Principal Place of Business:**

243 EAST BULLARD AVE.  
LAKE WALES, FL 33853

**Current Mailing Address:**

1358 S.R. 60 EAST  
LAKE WALES, FL 33853

**New Mailing Address:**

243 EAST BULLARD AVE.  
LAKE WALES, FL 33853

FEI Number: 59-2878948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAXON-DICKEY, NORA  
4030 PAW PAW TRAIL  
LAKE WALES, FL 33898 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAXON-DICKEY, NORA  
Address: 4030 PAW PAW TRAIL  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA C. SAXON

PRES

03/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date