

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015431

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: CLIPTOMANIA, INC.

**Current Principal Place of Business:**

243 EAST BULLARD AVE.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

243 EAST BULLARD AVE.  
LAKE WALES, FL 33853

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: NORA SAXON DICKEY

PRES

04/20/2011

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

\_\_\_\_\_  
Date