2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140877

FILED Mar 06, 2008 Secretary of State

Entity Name: THE CLAW GUY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1787 BELVIDERE ROAD ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** 1787 BELVIDERE ROAD PO BOX 9715 ENGLEWOOD, FL 34223 KNOXVILLE, TN 37840 FEI Number: 20-3641152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ALL FLORIDA FIRM INC. GILL, TROY A VP 813 DELTONA BLVD. 1787 BELVIDERE RD ENGLEWOOD, FL 34223 US SUITE A DELTONA, FL 32725 US 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: TROY GILL 03/06/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GILL, DONNA Name: Name: 1787 BELVIDERE ROAD Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: Title: () Delete Title: () Change () Addition GILL, TROY Name: Name: 1787 BELVIDERE ROAD Address: Address: ENGLEWOOD, FL 34223 City-St-Zip: 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.

Ρ SIGNATURE: DONNA GILL 03/06/2008