2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P95000059025 PAPER CLIPS, INC. Mailing Address Principal Place of Business 4773 RICHMOND MEWS P O BOX 18469 WEST PALM BEACH, FL 33416 HAVERHILL, FL 33415 02032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0713373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IVORY, GWENDOLYN DO NOT WRITE 4773 RICHMOND MEWS HAVERHILL, FL 33415 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE IVORY, GWENDOLYN NAME 4773 RICHMOND MEWS STREET ADDRESS CITY-ST-ZIP HAVERHILL, FL 33415 TITLE U00000119625 04/19/04-80108-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND PEPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/17/2004

(56) 844-5501

FILED

Daytime Phone #