

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 17, 2006 8:00 am  
Secretary of State

01-17-2006 90232 012 \*\*\*150.00

<b>DOCUMENT # P95000092434</b> 1. Entity Name CLAYPATH U.S., INC.					
Principal Place of Business 301 N FERNCREEK AVE ORLANDO, FL 32803 US			Mailing Address 63 DARLINGTON RD STOCKTON CLEVELAND UNITED KINGDOM TS185EU, XX		
2. Principal Place of Business 4521 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. SUITE 103 City & State ORLANDO FLORIDA Zip 32837 Country USA		3. Mailing Address 63 DARLINGTON ROAD Suite, Apt. #, etc. City & State STOCKTON CLEVELAND Zip TS18 5EU Country UK		4. FEI Number 59-3363350 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CLAPHAM, GEORGE 301 N. FERNCREEK AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name ROBERT COXON Street Address (P.O. Box Number is Not Acceptable) SUITE 103 4521 SOUTH ORANGE BLOSSOM TRAIL City ORLANDO FL Zip Code 32837		
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 <u>Robert Coxon</u> ROBERT COXON 17 <sup>th</sup> JANUARY 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXON, ROBERT <input type="checkbox"/> Delete 63 DARLINGTON ROAD, HARTBURN STOCKTON ON CLEVELAND, UK TS185EU		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXON, ALEXANDER G <input type="checkbox"/> Delete 63 DARLINGTON ROAD, HARTBURN STOCKTON ON CLEVELAND, UK TS185EU		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert Coxon</u> ROBERT COXON 17 <sup>th</sup> JANUARY 2006 (44) 1642 645561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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