


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00
Secretary of State

DOCUMENT # P95000092434 1. Entity Name CLAYPATH U.S., INC.	
--	---

Principal Place of Business 9521 S ORANGE BLOSSOM TRAIL STE 103 ORLANDO, FL 32837 US	Mailing Address 63 DARLINGTON RD STOCKTON CLEVELAND, UK ts1-85eu XX
--	---



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	

6. Name and Address of Current Registered Agent COXON, ROBERT STE 103 9521 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
--

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXON, ROBERT 63 DARLINGTON ROAD, HARTBURN STOCKTON ON CLEVELAND, UK TS185EU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXON, ALEXANDER G 63 DARLINGTON ROAD, HARTBURN STOCKTON ON CLEVELAND, UK TS185EU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671847
03/28/07-80044-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Robert Coxon **ROBERT COXON** 12th March 2007 407 240 5527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #