2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 31, 2005 08:00 AM **DOCUMENT # P98000036848 Secretary of State** CLAYTON COMMUNICATIONS CONSULTING CORP. Principal Place of Business Mailing Address 12441 COCONUT CREEK COURT 12441 COCONUT CREEK COURT FORT MYERS, FL 33908 FORT MYERS, FL 33908 No Chg-P CR2E034 (10/03) 02052005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0832461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAYTON, DANIEL P DO NOT WRITE 12441 COCONUT CREEK COURT FORT MYERS, FL 33908 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 DATE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ΡĐ TITLE CLAYTON, DANIEL P NAME STREET ADDRESS 12441 COCONUT CREEK COURT U00000282589 03/31/05-80047-023 150.00 CITY-ST-ZIP FORT MYERS, FL 33908 STD TITLE CLAYTON, DIANE L MAME STREET ADDRESS 12441 COCONUT CREEK COURT CITY-ST-ZIP FORT MYERS, FL 33908 VTS TITLE CLAYTON, DAINE L NAME STREET ADDRESS 12441 COCONUT CREEK COURT DO NOT WRITE CITY-ST-ZIP FORT MYERS, FL 33908 IN THIS SPACE TITLE MAMP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS