
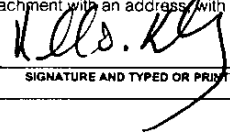


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90096 040 \*\*\*158.75

<b>DOCUMENT # 105832</b>					
1. Entity Name KELLY TRACTOR CO					
Principal Place of Business 8255 N.W. 58TH ST. BOX 520775 MIAMI, FL 33152		Mailing Address 8255 N.W. 58TH ST. BOX 520775 MIAMI, FL 33152			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0197630	
Zip	Country	Zip	Country	5. Certificate of Status Desired <b>XX</b> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, NICHOLAS D. 8255 N.W. 58TH STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	SVD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, NICHOLAS D.		NAME	Kelly, Eileen, I.	
STREET ADDRESS	8255 NW 58 STREET		STREET ADDRESS	11095 Lakeside Drive	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, MARJORIE		NAME	Kelly, David, E.	
STREET ADDRESS	235 E ARCADE		STREET ADDRESS	4900 Godfrey Road	
CITY-ST-ZIP	CLEWISTON, FL		CITY-ST-ZIP	Pompano Beach, FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, ROBERT W		NAME	Duncan, Bridget	
STREET ADDRESS	136 W CIRCLE DIRVE		STREET ADDRESS	1432 Algeria Avenue	
CITY-ST-ZIP	CLEWISTON, FL		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LOYD G		NAME	Kelly, Loyd, G	
STREET ADDRESS	11095 S W 53 AVE		STREET ADDRESS	11095 Lakeside Drive	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, PATRICK L		NAME	Christofferson, Dan, J.	
STREET ADDRESS	2200 N GREENWAY DRIVE		STREET ADDRESS	13801 SW 74 Avenue	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Miami, FL 33158	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIAN, K. DAVID		NAME	Erkelens, David B.	
STREET ADDRESS	5421 SW 39 WAY		STREET ADDRESS	8490 SW 106 Street	
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP	Miami, FL 33156	
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: 		Nicholas D. Kelly		01/15/2007 (305) 592-5360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01052007 Chg-P CR2E034 (12/06)