



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 105832 1. Entity Name KELLY TRACTOR CO	
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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
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0197630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, NICHOLAS D.
 8255 N.W. 58TH STREET
 MIAMI, FL 33166

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KELLY, NICHOLAS D. 8255 NW 58 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MARJORIE 235 E ARCADE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNCAN, BRIDGET 1432 ALGERIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KELLY, LOYD G 11095 S W 53 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, PATRICK L 2200 N GREENWAY DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JULIAN, K. DAVID 5421 SW 39 WAY FT LAUDERDALE, FL

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 01/15/08-80037-019 150.00

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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 **1/5/08** **305-592-5350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #