2008 FOR PROFIT CORPORATION

FILED Mar 14, 2008 08:00 AN Secretary of State **ANNUAL REPORT**

| DOCUMENT # P010 1. Entity Name KELRAY REALTY, INC. | 00060508 | |
|---|----------------------|--|
| Principal Place of Business | Mailing Address | |
| 101 POND CYPRESS RD. | 101 POND CYPRESS RD. | |
| VENICE, FL 34292 | VENICE, FL 34292 | |

the obligations of registered agent.



| DO NOT WOITE IN THE OBACE | 01072008 No Chg-P CR2E034 (11/05) | | | |
|---|-----------------------------------|--|---------------------------|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number | | Applied For | |
| | 65-1124159 | | Not Applicab | |
| | 5. Certificate of Status Desired | | 75 Additional Required | |
| 6. Name and Address of Current Registered Agent | | | | |
| | | | | |

BETTERTON, GREG A DO NOT WRITE 981 RIDGEWOOD AVE., STE. 101 VENICE, FL 34292 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

| CIONATUDE | | | | | | | |
|---|--|---|---------------|--------------------------------|---|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable (NOTE: Registered Ag | ent signature | required when reinstating) | DATE : | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financin Trust Fund Contribution. | gi 🖂 | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMETTS, ROBERT H 409 S. CASEY KEY RD. NOKOMIS, FL 34275 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMETTS, BRIAN 409 S. CASEY KEY RD. NOKOMIS, FL 34275 | | | | U00000858309 04/01/08-80040-009 150.00 | | |
| ITTLE NAME SIREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | IN ' | THIS SPACE | | |
| ITILE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 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 the empowered. | | | | | | | |