2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # 641694 ELLEY, INC.					04-06-2007	•			
Principal Place	e of Business	Mailing Address			┪	900020	υo			
•						1000.5				
170 COMMERCE ROAD 170 COMMERCE ROAD SUITE #5 SUITE #5			D							
BOYNTON BEACH, FL 33426-9364 BOYNTON BEACH, FL 33426-9				9364			IEI BIEIL BIBII BIE	EL BLETH BIBIE DIGE) t i i (1 1 15)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe 59-1945				plied For	
Zip	Country	Zip -	Coun	itry		of Status Desired		\$8.75 Add	t Applicable litional	
	6. Name and Address of Curren	t Registered Agent		ì	7 Name and	Address of New		Fee Required	<u> </u>	
				Name	7. 142119 0110	Address of New	Magratered A	ABIII		
	TIMOTHY W									
170 COMN SUITE #5	MERCE ROAD		Street Address ((P.O. Box Number is Not Acceptable)				
	I BCH., FL 33426									
	•			City				Zip Code		
							FL	•		
the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	ts register	ed office or regis	stered agent, or bot	n, in the State of F	lorida. I am f	amiliar with,	and accept	
-	- •									
SIGNATURE.	Signature, typed or printed name of registered ager	and title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when reinstating)		DATE			
					<u></u>				-	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co		· - ·	55.00 May Be added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	3 IN 11	
TITLE	PD	☐ Delete	TITE	Ε				Change	Addition	
NAME	SWILLEY, TIMOTHY W		NAM							
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 170 COMMERCE ROAD, SUITE #5									
	BOYNTON BEACH, FL 33426			-ST-ZIP						
TITLE NAME		☐ Delete	TITLI					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	THTU	E			_	☐ Change	☐ Addition	
NAME			NAM	-						
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TITLE NAME		☐ Delete	TITL					☐ Change	Addition	
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TITLE		☐ Delele	TITL	E				☐ Change	☐ Addition	
NAME			NAM	I						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS - ST-ZIP						
TITLE										
NAME		Delete	TITE					Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP				_		
12 Lboroby	certify that the information cumplied wi	th this filing does not suctifu	for the au		:- Charter 110	Flacing Over the	111	9 4 4 4	,	

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.

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TIMOTHY W. SWILLEY, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

(561) 547-3040

Date

Daytime Phone #