

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760632

FILED
Feb 02, 2007
Secretary of State

Entity Name: KILLIAN COMMERCIAL CONDOMINIUMS, INC.

Current Principal Place of Business:

1334 SO. KILLIAN DRIVE #6
LAKE PARK, FL 33403

New Principal Place of Business:

1334 SO. KILLIAN DRIVE
STE 6
LAKE PARK, FL 33403

Current Mailing Address:

1334 SO. KILLIAN DRIVE #6
LAKE PARK, FL 33403

New Mailing Address:

1334 SO. KILLIAN DRIVE
STE 6
LAKE PARK, FL 33403

FEI Number: 59-2201601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM P
1334 SO. LILLIAN DRIVE
SUITE 6
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

SMITH, WILLIAM P
1334 SO. KILLIAN DRIVE
SUITE 6
LAKE PARK, FL 33403 US

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.

SIGNATURE:

02/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CURTIS, JOHN
Address: 720 TEAL WAY
City-St-Zip: N. PALM BEACH, FL 33408

Title: PD () Delete
Name: SMITH, WILLIAM P
Address: 1334 SO. KILLIAN DRIVE #6
City-St-Zip: LAKE PARK, FL 33403

Title: S () Delete
Name: MOLYNEUX, CARA
Address: 1334 S KILLIAN DR #3
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. SMITH

PD

02/02/2007

Electronic Signature of Signing Officer or Director

Date