



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90154 043 ***150.00

DOCUMENT # 810664					
1. Entity Name KELLY SERVICES, INC.					
Principal Place of Business 999 W. BIG BEAVER TROY, MI 48084 US			Mailing Address 999 W. BIG BEAVER TROY, MI 48084 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-1510762	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAY, MAUREEN A	NAME			
STREET ADDRESS	4001 W MCNICHOLS RD	STREET ADDRESS			
CITY-ST-ZIP	DETROIT, MI 48221	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRICKE, CEDRIC V	NAME			
STREET ADDRESS	18158 WESTOVER	STREET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD, MI 48075	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISTOCK, VERNE G	NAME			
STREET ADDRESS	611 WOODWARD AV	STREET ADDRESS			
CITY-ST-ZIP	DETROIT, MI 48226	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDERLEY, TERENCE E.	NAME			
STREET ADDRESS	362 LONE PINE COURT	STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS, MI	CITY-ST-ZIP			
TITLE	COB <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDERLEY, TERENCE T	NAME			
STREET ADDRESS	362 LONE PINE COURT	STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS, FL 48013	CITY-ST-ZIP			
TITLE	PCOO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANDEN , CARL T	NAME	Camden, CARL T.		
STREET ADDRESS	1780 KENSINGTON RD	STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304	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 like empowered.					
SIGNATURE: 		MICHAEL FORSINI		Date: 4/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		V.P., TAX		Daytime Phone #: (248) 344-4277	