


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

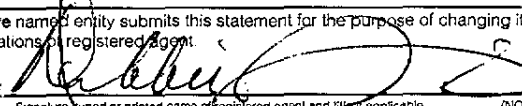
DOCUMENT # 855470 1. Entity Name KELLOGG PROPERTIES OF DELAWARE, INC.	
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Principal Place of Business 7 WEST 51ST STREET 5TH FLOOR NEW YORK, NY 10019	Mailing Address 7 WEST 51ST STREET 5TH FLOOR NEW YORK, NY 10019
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEIGEL, DEEBBIE KELLOGG PROPERTIES INC. 2515 SHADER RD. ST 5 ORLANDO, FL 32804	DO NOT WRITE IN THIS SPACE
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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEGER, DAVID S. 1165 PARK AVENUE NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALPERT, DAVID J. 10 WITHINGTON ROAD SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/05-80038-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2. 17. 05 212-586 6756

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