


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90063 030 \*\*\*150.00

**DOCUMENT # 855470**


1. Entity Name  
KELLOGG PROPERTIES OF DELAWARE, INC.



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**

40017395



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3088629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STEIGEL, DEBBIE *DEBBIE*  
KELLOGG PROPERTIES INC.  
2515 SHADER RD. ST 5  
ORLANDO, FL 32804

**DO NOT WRITE  
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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *DKleger, Pres.* 1-26-07 212 536 6751

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