

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005777

Entity Name: KELLAIR LIMITED, INC.

FILED  
Feb 26, 2009  
Secretary of State

## Current Principal Place of Business:

PO BOX CB 12372  
NASSAU BAHAMAS,

## New Principal Place of Business:

CABLE BEACH CB 12372  
NASSAU, BAHAMAS, NP

## Current Mailing Address:

PO BOX CB 12372  
NASSAU BAHAMAS,

## New Mailing Address:

PO BOX CB 12372  
NASSAU BAHAMAS, NP

FEI Number: 65-0877722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: CARROLL, KELLIAN  
Address: PO BOX 12372 N/A/  
City-St-Zip: NASSAU BAHAMAS,

Title: VSTD ( ) Delete  
Name: CARROLL, ANGELO  
Address: PO BOX 12372 N/A/  
City-St-Zip: NASSAU BAHAMAS,

Title: D ( ) Delete  
Name: BULLARD-DEAN, LETETIA  
Address: PO BOX 12372 N/A/  
City-St-Zip: NASSAU BAHAMAS,

## 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLIAN CARROLL

PCD

02/26/2009

Electronic Signature of Signing Officer or Director

Date