


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 009 ***150.00

DOCUMENT # H54925	
1. Entity Name KELLEY YARBROUGH INTERIORS, INC.	

Principal Place of Business 47 CORDOVA ST. ST. AUGUSTINE, FL 32084	Mailing Address 47 CORDOVA ST. ST. AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box # 124 Marine Street Suite, Apt. #, etc.	3. Mailing Address 124 Marine Street Suite, Apt. #, etc.
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City & State St Augustine, FL	City & State St AUGUSTINE, FL
Zip 32084	Country St Johns
Zip 32084	Country St Johns



01242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2529415	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YARBROUGH, KELLEY 47 CORDOVA ST. ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Kelley Yarbrough Street Address (P.O. Box Number is Not Acceptable) 124 Marine Street City St Augustine FL Zip Code 32084	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Edna Kelley Yarbrough	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YARBROUGH, EDNA KELLEY		NAME Edna Kelley Yarbrough	
STREET ADDRESS 47 CORDOVA ST.		STREET ADDRESS 124 Marine Street	
CITY-ST-ZIP ST. AUGUSTINE, FL 32084		CITY-ST-ZIP St Augustine, FL., 32084	
TITLE VP	<input type="checkbox"/> Delete	TITLE GANDY, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GANDY, BARBARA		NAME GANDY, BARBARA	
STREET ADDRESS 118 SHAMROCK RD		STREET ADDRESS 118 SHAMROCK RD	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Edna Kelley Yarbrough* **Edna Kelley YARBROUGH** 1/30/07 904 8245687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #