



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-14-2006 90004 036 ***150.00

| | | | | | |
|--|-----------------------------------|--|--|--|----------|
| DOCUMENT # M52446 | | | |  | |
| 1. Entity Name KELTER FINANCIAL GROUP, INC. | | | | | |
| Principal Place of Business 2 HARVARD CIR STE 1000 WEST PALM BEACH, FL 33409-8980 | | | Mailing Address 2 HARVARD CIR STE 1000 WEST PALM BEACH, FL 33409-8980 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2799749 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KELTER, JEROME C. 2 HARVARD CIR STE 1000 WEST PALM BEACH, FL 33409-8980 | | | 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 \$550.00 Due by September 6, 2006 | | 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 | KELTER, JEROME | NAME | | | |
| STREET ADDRESS | 2 HARVARD CIR #1000 | STREET ADDRESS | | | |
| CITY-ST-ZIP | W. PALM BEACH, FL | 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 | | | |
| 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:  | | Date: 5/30/06 | | Daytime Phone # | |
| Jerome C. Kelter, President | | | | | |

ATTACHMENT

KELTER FINANCIAL GROUP, INC.

40095465



OPERATIONS CENTER: 2 HARVARD CIRCLE, SUITE 1000 • WEST PALM BEACH, FL 33409
(561) 478-9300 • (800) 777-9444 • FAX (561) 478-9303

FINANCIAL SERVICES

1515 N. FEDERAL HWY., SUITE 300 • BOCA RATON, FL 33432
2900 UNIVERSITY DR. • CORAL SPRINGS, FL 33065

JEROME C. KELTER
PRESIDENT

May 15, 2006

Florida State Department
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 59-2799749

Dear Sir or Madam:

Due to my illness and hospitalizations earlier this year, the payment of the corporation fees have been overlooked. When my accountant brought this to my attention, I was unable to locate the notification from your office. I am back to work now a few hours a week and humbly ask for your consideration to accept this payment of \$150.00.

Thanking you in advance, I am sincerely,

Jerome C. Kelter

Doc. # M52446