2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

	JMFNT	- # M	152446
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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



DO NOT WRITE IN THIS SPACE

04272007	No Chg-P	CR2E034 (1	1/0	5)	

4. FEI Number
59-2799749

S. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Add	iress of	Current	Registered	Agent

KELTER, JEROME C. 2 HARVARD CIR STE 1000

WEST PALM BEACH, FL 33409-8980

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered c	office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and bits	Janakoskie (NOTE Registerent An	ent signature required when reinstating)	DATE
	Signature, typed or printed rights of registered agent and the t	approade (NOTE (registered Agr	on agracio oddica mononosay	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTER, JEROME 2 HARVARD CIR #1000 W. PALM BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000740815 05/15/07-80004-017 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS				

12. Thereby 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:

or 700 se star

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-S1-ZIP

TO ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

561/478-9300