


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N03000005855 1. Entity Name KELLY COMMERCIAL CENTER ASSOCIATION, INC. |  |
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| Principal Place of Business 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 | Mailing Address 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 |
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01052006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 57-1180441 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent OLSEN, THOMAS W III 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 |
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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 <i>Thomas W Olsen</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | 01/05/2006 <small>DATE</small> |

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UD00000381775 01/11/06-80070-001 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD OLSEN, THOMAS W III 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD SALSBURG, LLOYD 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD TURNER, JULIE A 706 S DIXIE HWY 2ND FL CORAL GABLES, FL 33146 |
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| 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 617, 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: <i>Thomas W Olsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | President 01/05/2006 666-2121 <small>Date Daytime Phone #</small> |