2006 FOR PROFIT CORPORATION

SIGNATURE:

Jan 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000063418 1. Entity Name NELLYS CORP. Principal Place of Business Mailing Address 8212 NW 164 ST 8212 NW 164 ST MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1093056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TOLEDO, AYMEE 8212 NW 164 ST MIAMI LAKES, FL 33016 IN THIS SPACE 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. 01-10-04 SIGNATURE e of registand agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE TOLEDO, AYMEE NAME STREET ADDRESS 8212 N.W. 164 ST. MIAMI LAKES, FL 33016 City-St-ZiP U00000387625 01/19/06-80045-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7iP 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 apport 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 trastee 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.

ME OF SIGNING OFFICER OR DIRECTOR

FILED