## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069134

1. Entity Name

KAYLEY CORPORATION



May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

**6817 SOUTHPOINT PKWY** 

**SUITE 1804** JACKSONVILLE, FL 32216 Mailing Address

6817 SOUTHPOINT PKWY **SUITE 1804** 

JACKSONVILLE, FL 32216



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04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2979416

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

6. Name and Address of Current Registered Agent

BREW, WARREN G. 6817 SOUTHPOINT PKWY **SUITE 1804** JACKSONVILLE, FL 32216

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the parties of registered agent.	ourpose of changing its re	gistere	d office or re	egistered agent, or both, in	the State of Florida. I am familiar with, and accept	i
SIGNATURE	Signature, typed or printed vame of redistered agent and title	rf applicable. (NOTE: F	legistered	Agent signature	required when reinstaling)	4-29-07 DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
10.	OFFICERS AND DIRE	CTORS				······································	_
TITLE	P			1			
NAME	BREW, WARREN G						
STREET ADDRESS	201 SAILEISH DR. E						1

CITY-ST-ZIP ATLANTIC BEACH, FL 32233 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

000000753167 05/22/07-80010-005 150.00

## DO NOT WRITE IN THIS SPACE

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07 904 571