2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

May 02, 2005 8:00 am Secretary of State DOCUMENT # P02000037350 05-02-2005 90499 011 ***150.00 KELLY HARTLEY HOLDING GROUP, INC. Principal Place of Business Mailing Address 310 FT PICKENS RD 310 FT PICKENS RD ~~~~~~~~ PENSACOLA BEACH, FL 32561 PENSACOLA BEACH, FL 32561 2. Principal Place of Business 3. Mailing Address 65 U/A De Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For ensacol 38-3647074 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired SCAMBIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMER, RAYMOND B ESQ. Street Address (P.O. Box Number is Not Acceptable) 913 GULF BREEZE PARKWAY SUITE 41 GULF BREEZE, FL 32561 City Zip Code FL 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_ Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change ☐ Addition NAME ' KELLY, DAVID F NAME STREET ADDRESS 310 FT PICKENS RD STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Chance ■ Addition HARTLEY, MATTHEW L NAME NAME STREET ADDRESS 310 FT PICKENS RD STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE The Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 a color like empowered.

FILED