


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90262 011 ***150.00

DOCUMENT # P02000079572	
1. Entity Name KELLY GALLERIES, INC.	

Principal Place of Business 8501 PENSACOLA ROAD FORT PIERCE, FL 34951	Mailing Address 8501 PENSACOLA ROAD FORT PIERCE, FL 34951
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44046000

2. Principal Place of Business 1961 S GARDEN GROVE DR Suite, Apt. #, etc.	3. Mailing Address 1961 S GARDEN GROVE DR Suite, Apt. #, etc.
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01242004 Chg-P CR2E034 (10/03)

City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32962-7344	Country Indian River

4. FEI Number 54-2071760	Applied For <input type="checkbox"/> Not Applicable
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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 FOWLER, MICHAEL D 311 SOUTH SECOND STREET SUITE 200 FORT PIERCE, FL 34950	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Kelly, Laura L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, LAURAL		NAME	
STREET ADDRESS 8501 PENSACOLA RD.		STREET ADDRESS	
CITY-ST-ZIP FORT PIERCE, FL 34951		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:

Laura L. Kelly President

Date

Daytime Phone #

Laura L. Kelly, President

4/9/04 978-8108