2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2009
Secretary of State

DOCUMENT# P03000038015

Entity Name: KELLY CUSTOMER IMPRESSIONS, INC.

Current Principal Place of Business:

3353 FOXRIDGE CIR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

PO BOX 271601
TAMPA, FL 33688

New Mailing Address:

PO BOX 5751
CLEARWATER, FL 33758 US

FEI Number: 16-1663157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, DOUG
3353 FOXRIDGE CIRCLE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KELLY, DOUG
Address: 3353 FOXRIDGE CIR
City-St-Zip: TAMPA, FL 33618

Title: V ( ) Delete
Name: BRADEN, KELLY
Address: 3353 FOXRIDGE CIR
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete
Name: KELLY, LYNN
Address: 3353 FOXRIDGE CIR
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete
Name: MICHAEL, KELLY
Address: 3353 FOXRIDGE CIR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KELLY, DOUG
Address: P.O. BOX 5751
City-St-Zip: CLEARWATER, FL 33758 US

Title: V (X) Change ( ) Addition
Name: BRADEN, KELLY
Address: P.O. BOX 5751
City-St-Zip: CLEARWATER, FL 33758 US

Title: V (X) Change ( ) Addition
Name: KELLY, LYNN
Address: P.O. BOX 5751
City-St-Zip: CLEARWATER, FL 33758 US

Title: D (X) Change ( ) Addition
Name: MICHAEL, KELLY
Address: P.O. BOX 5751
City-St-Zip: CLEARWATER, FL 33758 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG KELLY PRES 07/12/2009

Electronic Signature of Signing Officer or Director Date