## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000048449

Entity Name: KELMAG MANAGEMENT INC.

FILED May 11, 2009 Secretary of State

Current Mailing Address:  New Mailing Address:  New Mailing Address:  13009 LAKE KARL DR. HUDSON, FL 34669 US  FEI Number: 56-2364124 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ()  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  COGGAN, DAVID G 2599 DOLLY BAY DRIVE #209  PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Electronic Carpangaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title:  P ( ) Delete Name:  COGGAN, DAVID G Address:  29 DOLLY BAY DRIVE, #209 Address:  COGGAN, DAVID G Name:  Address:  COGGAN, DAVID G Address:  COGGAN, DAVID G Name:  Address:  COGGAN, DAVID G Name:  Address:  CIty-St-Zip:  Title:  Title:  T ( ) Delete  Title:  Title:  DAMIANI, CHRISTOPHER L Address:  City-St-Zip:  Name:  DAMIANI, JOSEPH C Name:	-uncnt	Principal Place o	i Bujiiloji	New Principal Place	, or Eddiness.		
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HUDSON, FL 34669 US  FEI Number: 56-2364124 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  COOGAN, DAVID G 2599 DOLLY BAY DRIVE #209  PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: P ( ) Delete Name: COOGAN, DAVID G Name: COOGAN, DAVID G Name: COOGAN, DAVID G Name: DAMIANI, CHRISTOPHER L Address: 211125 LAKEVIEW DR.  City-St-Zip: NEW PORT RICHEY, FL 34654 US  City-St-Zip: NEW PORT RICHEY, FL 34691 US  City-St-Zip: HOLIDAY, FL 34691 US  Title: S ( ) Delete Name: VILLEY, KATHRYN M Name: WILLEY, KATHRYN M Name: WILLEY, KATHRYN M Name: WILLEY, KATHRYN M Name: Address: Cape DoLLY BAY DRIVE, #209  Address: A	Current Mailing Address:			New Mailing Addres	New Mailing Address:		
Name and Address of Current Registered Agent:  COOGAN, DAVID G 2599 DOLLY BAY DRIVE #209 PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or 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:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title:  P () Delete Title:  P () Delete Title:  COOGAN, DAVID G Name:  COOGAN, DAVID G Name:  COOGAN, DAVID G Name:  COUSTAND AND G Name:  Address:  City-St-Zip:  Title:  VP () Delete Title:  VP () Delete Title:  VP () Delete Title:  VP () Delete Title:  VP () Change () Addition Name:  Address:  City-St-Zip:  NEW PORT RICHEY, FL 34654 US  City-St-Zip:  Title:  T () Delete Title:  T () Change () Addition Name:  Address:  City-St-Zip:  New PORT RICHEY, FL 34654 US  City-St-Zip:  Title:  Title:  T () Delete Title:  Title:  T () Delete Title:  Title:  T () Change () Addition Name:  Address:  City-St-Zip:  Title:  Title:  T () Delete Title:  Title:  T () Delete Title:  Title:  T () Change () Addition Name:  Address:  City-St-Zip:  Title:  Title:  Title:  Title:  Title:  T () Change () Addition Name:  Address:  City-St-Zip:  Title:  Title:  Title:  Title:  Title:  Title:  Title:  T () Change () Addition Name:  Address:  City-St-Zip:  Title:			3				
COOGAN, DAVID G 2599 DOLLY BAY DRIVE #209 PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	FEI Numbe	er: 56-2364124	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
2599 DOLLY BAY DRIVE #209 #201 PALM HARBOR, FL 34684 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Name an	d Address of Cu	rent Registered Agent:	Name and Address	of New Registered Agent:		
in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title:  P ( ) Delete  Title: ( ) Change ( ) Addition  Name: COOGAN, DAVID G  Address: City-St-Zip: PALM HARBOR, FL 34684 US  City-St-Zip:  Title:  VP ( ) Delete  Title: ( ) Change ( ) Addition  Name: DAMIANI, CHRISTOPHER L  Address: City-St-Zip: NEW PORT RICHEY, FL 34654 US  City-St-Zip:  Title:  T ( ) Delete  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 US  City-St-Zip:  Title:  T ( ) Delete  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition  Name: DAMIANI, JOSEPH C  Address: City-St-Zip: HOLIDAY, FL 34691 US  City-St-Zip: Title: S ( ) Delete  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip: HOLIDAY, FL 34691 US  City-St-Zip:  Villey, KATHRYN M  Address:	2599 DOI #209	LLY BAY DRIVE	US				
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Name:         COOGAN, DAVID G         Name:           Address:         29 DOLLY BAY DRIVE, #209         Address:           City-St-Zip:         City-St-Zip:           Title:         VP () Delete         Title: () Change () Addition           Name:         DAMIANI, CHRISTOPHER L         Name:           Address:         11125 LAKEVIEW DR.         Address:           City-St-Zip:         NEW PORT RICHEY, FL 34654 US         City-St-Zip:           Title:         T () Delete         Title: () Change () Addition           Name:         DAMIANI, JOSEPH C         Name:           Address:         2624 HAWK ROOST CT         Address:           City-St-Zip:         HOLIDAY, FL 34691 US         City-St-Zip:           Title:         S () Delete         Title: () Change () Addition           Name:         WILLEY, KATHRYN M         Name:           Address:         2599 DOLLY BAY DRIVE, #209         Address:	In accorda	Electronic	)(b), F.S., the corporation did no		Date		
Name: DAMIANI, CHRISTOPHER L Name: Address: 11125 LAKEVIEW DR. Address: City-St-Zip: NEW PORT RICHEY, FL 34654 US City-St-Zip:  Title: T () Delete Title: () Change () Addition Name: DAMIANI, JOSEPH C Name: Address: 2624 HAWK ROOST CT Address: City-St-Zip: HOLIDAY, FL 34691 US City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: WILLEY, KATHRYN M Name: Address: 2599 DOLLY BAY DRIVE, #209 Address:	In accorda Election Ca	Electronic nce with s. 607.193(2 ampaign Financing T	)(b), F.S., the corporation did no rust Fund Contribution ( ).	ot receive the prior notice.			
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Name: WILLEY, KATHRYN M Name: Address: 2599 DOLLY BAY DRIVE, #209 Address:	In accorda Election C: OFFICEF Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic nce with s. 607.193(2 ampaign Financing T RS AND DIRECTO P () Do COOGAN, DAVID 29 DOLLY BAY DI PALM HARBOR, F  VP () Do DAMIANI, CHRIST 11125 LAKEVIEW	c)(b), F.S., the corporation did not rust Fund Contribution ( ).  DRS:  elete G RIVE, #209 L 34684 US  elete OPHER L DR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition		
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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: DAVID COOGAN	Р	05/11/2009
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