2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P03000077483 DICK KELLY ENTERPRISES, INC. Principal Place of Business Mailing Address 5818 NORTH LONGHORN TERRACE BEVERLY HILLS FL 34465 PO BOX 641104 BEVERLY HILLS FL 34464 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 75-2695854 Not Applicable Zip Country 7_{iD} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONDER, CHARLES L 21 BEVERLY HILLS BLVD Street Address (P.O. Box Number is Not Acceptable) **BEVERLY HILLS FL 34465** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agont. Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required whom reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete TITLE ☐ Change ☐ Addition KELLY, RICHARD L NAME 5818 NORTH LONGHORN TERRACE STREET ADDRESS STREET ADDRESS U00000705564 **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY · S1 · ZIP 04/23/07-80058-002 150.00 ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ~ CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Add₁lion NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP THLE ☐ Delete FITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

49-07 / 352-525-9329