


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90032 021 \*\*\*150.00

<b>DOCUMENT # P03000114784</b>	
1. Entity Name <b>MACK KELLY INC.</b>	

Principal Place of Business <b>5: 681THCBM JMWSE PSNICEP1QM43919</b>	Mailing Address <b>5: 681THCBM JMWSE PSNICEP1QM43919</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40111131



02202007 Di h.Q DS3F145123017\*

4. FEI Number <b>20-0325175</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> %8/86 Additional Gf ISrvj#e	

6. Name and Address of Current Registered Agent <b>KELLY, MACK 4957 SIGNAL HILL ROAD ORLANDO, FL 32808</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City GM 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	:/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %6/11 NbzlCf ! Beef etup/Gf f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MACK 4957 SIGNAL HILL RD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TYRASHAWN, KELLY 4957 SIGNAL HILL RD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO PATRICK, LUKE 9687 GOTH RD WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: **5/10/07** Daytime Phone #: **407-539-2255**

# ATTACHMENT

4011131

#403500114784

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/  
DATE STAMP

MACK KELLY INC  
4957 SIGNAL HILL RD  
ORLANDO, FL 32808-1639

EIN 20-0325175 201612

29 3

Telephone number ( )

Federal Tax Deposit Coupon

Form 8109 (Rev. 12-2002)

941	945	1st Quarter
990-C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	1042	
940		

62

FOR BANK USE IN MICR ENCODING