

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000016876

FILED
Aug 30, 2006
Secretary of State**Entity Name:** KELLY NEWTON, PA**Current Principal Place of Business:**2203 N. LOIS AVENUE
M-500
TAMPA, FL 33607 US**New Principal Place of Business:**400 N ASHLEY DRIVE
1000
TAMPA, FL 33602 US**Current Mailing Address:**2203 N. LOIS AVE
M-500
TAMPA, FL 33607 US**New Mailing Address:**400 N ASHLEY DR
1000
TAMPA, FL 33602 US**FEI Number:** 75-3144154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SARRIS, KELLY
2203 N. LOIS AVE
M-500
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**SARRIS, KELLY
400 N ASHLEY DR
1000
TAMPA, FL 33602 US

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:

08/30/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: SARRIS, KELLY
Address: 2203 N. LOIS AVE M-500
City-St-Zip: TAMPA, FL 33607**Title:** V (X) Delete
Name: SARRIS, JOHN
Address: 2203 N. LOIS AVE, M-500
City-St-Zip: TAMPA, FL 33607**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: SARRIS, KELLY
Address: 400 N ASHLEY DR STE 1000
City-St-Zip: TAMPA, FL 33602**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY SARRIS

P

08/30/2006

Electronic Signature of Signing Officer or Director_____
Date