


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000142150	
1. Entity Name KILEY REAL ESTATE, INC.	

Principal Place of Business 120 EAST OAKLAND PARK BOULEVARD SUITE 105 FORT LAUDERDALE, FL 33334-1106	Mailing Address 120 EAST OAKLAND PARK BOULEVARD SUITE 105 FORT LAUDERDALE, FL 33334-1106
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1751692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENTHAL, STUART S ESQ.
404 EAST ATLANTIC BOULEVARD
SUITE 101
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KILEY, SUSAN M 120 EAST OAKLAND PARK BOULEVARD, SUITE 105 FORT LAUDERDALE, FL 33334-1106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILEY, ROBERT E JR 120 E OAKLAND PK BLVD #105 FORT LAUDERDALE, FL 33334-1106
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01/19/06-80010-022 150.00

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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: Susan M Kiley / SUSAN M Kiley 1-13-06 954-907-4076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #