

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172377

Entity Name: THE KELLEHER GROUP, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 2307
ST. LEO, FL 335472307

New Principal Place of Business:

13954 THOROUGHbred DR.
DADE CITY, FL 33525

Current Mailing Address:

P.O. BOX 2307
ST. LEO, FL 335472307

New Mailing Address:

P.O. BOX 2307
ST. LEO, FL 335742307

FEI Number: 20-2065874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLON, TIMOTHY
12146 CURLEY STREET
SAN ANTONIO, FL 33576 US

Name and Address of New Registered Agent:

KELLEHER, MARY ANN PRES
13954 THOROUGHbred DR.
DADE CITY, FL 33525 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: MARY ANN KELLEHER

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLEHER, M.A.
Address: P.O. BOX 2307
City-St-Zip: ST. LEO, FL 335472307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLEHER, M.A.
Address: P.O. BOX 2307
City-St-Zip: ST. LEO, FL 335742307

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: MARY ANN KELLEHER

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date