

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025010

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: KELLY DAY SERVICES CORP.

## Current Principal Place of Business:

PO BOX 670001  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 670001  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 20-2330303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JASON  
3083 DOUBLOON  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

SMITH, JASON  
5045 SW 95TH AVE  
COOPER CITY, FL 33328 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: JASON P SMITH

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, JASON  
Address: 3083 DOUBLOON  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: AMEERALLY, FADIL  
Address: 5932 NW 47 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TRES ( ) Delete  
Name: ERMOVICK, MATTHEW V  
Address: 1536 SE 15TH COURT #105  
City-St-Zip: DEERFIELD, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, JASON  
Address: 5045 SW 95TH AVE  
City-St-Zip: COOPER CITY, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JASON P SMITH

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date