

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000106834

Entity Name: KELLY RADOMSKI INC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1450 5TH STREET  
120  
SANTA MONICA, CA 90401

**New Principal Place of Business:**

**Current Mailing Address:**

1450 5TH STREET  
120  
SANTA MONICA, CA 90401

**New Mailing Address:**

FEI Number: 20-3232160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLACKWIN, KELLY M  
4707 SOULE PLACE  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLACKWIN, KELLY M  
Address: 1450 5TH STREET #510  
City-St-Zip: SANTA MONICA, CA 90401

Title: VP  
Name: KYLE, RADOMSKI  
Address: 247 BEACH STREET  
City-St-Zip: SANTA MONICA, CA 90405

Title: CEO  
Name: DON, RADOMSKI  
Address: 4707 SOULE PLACE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: KELLY BLACKWIN

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date