

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90022 001 ***150.00

DOCUMENT # P06000114933 1. Entity Name KELLY'S CHRISTIAN BOOKS, INC.					
Principal Place of Business 578 CODY CALEB DR. WINTER HAVEN, FL 33884			Mailing Address 578 CODY CALEB DR. WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box # 111 AWEWE R NE		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State		4. FEI Number 20-5551825	
Zip 33881-2472		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGUS, ROBERT W 1362 HAVENDALE BLVD. NW WINTER HAVEN, FL 33881-1386				7. Name and Address of New Registered Agent Name PHYLLIS V. KELLY-LASSI Street Address (P.O. Box Number is Not Acceptable) 578 CODY CALEB DR. City WINTER HAVEN FL Zip Code 33884	
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 PHYLLIS V. KELLY-LASSI <i>Phyllis V. Kelly-Lassi</i> 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSI, PHYLLIS K 578 CODY CALEB DR. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KELLY-LASSI, PHYLLIS V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. LASSI, AZIZ A. 578 CODY CALEB DR. WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PHYLLIS V. KELLY-LASSI <i>Phyllis V. Kelly-Lassi</i> 4/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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