FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000114933

1. Entity Name

KELLY'S CHRISTIAN BOOKS, INC.

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
CODY CALEB DRIVE	CODY CALEB DRIVE	
Suite, Apt. #, etc. 578	Suite, Apt. #, etc. 578	CR2E034B (1/11)

City & State Winter Haven, Fla	City & State Winter Haven, Fla	4. FEI Number 205551825	Applied For / Not Applicable
Zip 33884 Country USA	Zip 33884 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Phyllis Kelly-Lass

Street Address (P.O. Box Number is Not Acceptable): 578 Cody Caleb Drive

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 _____
Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when re instating)   DATE

January 1 - May 1 Fee is $150.00. After May 1, Fee is $550.00 Amended AR Is $61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ Trust Fund Contribution.	$5.00 May Be Added to Fees	E-mail Address: PKpost@yahoo.com E-mail address to be used for future annual report notices

10.   OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phyllis Kelly-Lass (President) 578 Cody Caleb Dr Winter Haven Fla 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____Phyllis Kelly-Lass_____   5/22/11   863-812-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #