

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006394

FILED
Jun 16, 2009
Secretary of State

Entity Name: STAN KELLY INTERIORS, INC.

Current Principal Place of Business:

2500 WISCONSIN AVE., N.W.
SUITE 121
WASHINGTON, DC 20007

New Principal Place of Business:

2500 WISCONSIN AVE., N.W.
SUITE 236
WASHINGTON, DC 20007

Current Mailing Address:

P.O. BOX 1179
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 31-1776506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, STAN A
234 AUSTRALIAN AVE.,
PALM BEACH, FL 33480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, STAN A
Address: 2500 WISCONSIN AVE., N.W. SUITE 121
City-St-Zip: WASHINGTON, DC 20007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, STAN A
Address: 2500 WISCONSIN AVE., N.W. SUITE 236
City-St-Zip: WASHINGTON, DC 20007

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: A. STAN KELLY

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date