

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101231

Entity Name: HEALTH COACH KELLY, INC.

FILED  
Mar 31, 2010  
Secretary of State

**Current Principal Place of Business:**

703 CAPE CORAL PKWY. WEST  
102  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

703 CAPE CORAL PKWY. WEST  
102  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-1445304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KELLY, MICHAEL R  
703 CAPE CORAL PKWY WEST  
102  
CAPE CORAL, FL 33914 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLY, MICHAEL R  
Address: 703 CAPE CORAL PKWY WEST, 102  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP  
Name: KELLY, PATRICIA  
Address: 703 CAPE CORAL PKWY WEST, 102  
City-St-Zip: CAPE CORAL, FL 33914

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: PATRICIA E KELLY

VP

03/31/2010

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

\_\_\_\_\_ Date