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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000086520

1. Corporation Name
KELLI WYNELLE CORP.

Principal Place of Business
3428 UMBER Rd
HOLIDAY, FL 34691

Mailing Address
3428 UMBER Rd.
HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11-29-94

2. Principal Place of Business
21 3920 RIPPLE CT.

Suite, Apt. #, etc.
22 APT. N-5

City & State
23 NEW PORT RICHEY, FL

Zip
24 34655

Country
25 U. S. A.

2a. Mailing Address
26 3920 RIPPLE CT.

Suite, Apt. # etc.
27 APT. N-5

City & State
28 NEW PORT RICHEY, FL

Zip
29 34655

Country
30 U. S. A.

4. FEI Number — Applied For ☐ / Not Applicable ☒

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CORPORATE AGENTS, INC.
P. O. BOX 1281
WILMINGTON, DE 19899-1281

10. Name and Address of New Registered Agent
81 Name: ELENA STOYANOV
82 Street Address (P.O. Box Number is Not Acceptable): 3920 RIPPLE CT. APT. N5
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Elena Stoyanov ELENA STOYANOV 04-24-98
Signature, typed or printed name of Registered Agent and the date as required. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/PRESIDENT HRISTO ILIEV 3428 UMBER Rd HOLIDAY, FL 34691	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR/PRESIDENT HRISTO ILIEV 3920 RIPPLE CT. APT. N-5 NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT DIRECTOR ELENA STOYANOV 3428 UMBER Rd HOLIDAY, FL 34691	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE-PRESIDENT ELENA STOYANOV 3920 RIPPLE CT APT. N-5 NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900002508519 -05/04/98--01003--014 ***150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition 4-30 JR

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elena Stoyanova ELENA STOYANOV 04-24-98 813-507-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #