## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000051754

City-St-Zip:

NICEVILLE, FL 32578

Entity Name: KAY LYNN INDUSTRIES, INC.

FILED Mar 24, 2009 Secretary of State

•		, , , , , , , , , , , , , , , , , , ,				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	I INDUSTRIES	, INC				
321 GLEN	AVE ISO, FL 32580	) US				
	lailing Addres		New Maili	ng Address		
	_		itew man	ng Addiess	•	
KAY LYNN 321 GLEN	I INDUSTRIES	, INC				
	ISO, FL 32580	US				
FEI Number	: 59-3386483	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
HAMILTO	N, CATHERINE	<u> </u>				
321 GLEN AVE						
VALPARA	ISO, FL 32580	) US				
	named entity see of Florida.	submits this statement for th	e purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered	Agent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title:	P ()	Delete	Title:		( ) Change ( ) Addition	
Name:	HAMILTON, CA		Name:			
Address: City-St-Zip:	321 GLEN AVE VALPARAISO, I		Address:			
City-St-Zip.	VALPARAISO, I	FL 32360	City-St-Zip:			
Title:	. ,	Delete	Title:		( ) Change ( ) Addition	
Name:	OKUN, MORTO		Name:			
Address: City-St-Zip:	1420 PINE STR NICEVILLE, FL		Address: City-St-Zip:			
Title:	D ()	Delete	Title:	D	(X) Change ( ) Addition	
Name:	OKUN, JOEL		Name:	HAMILTON,		
Address:	1420 PINE STR	REET	Address:	319 GLEN A'		

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.

City-St-Zip:

VALPARAISO, FL 32580

SIGNATURE: CATHERINE HAMILTON PRES 03/24/2009