2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 08:00 AM DOCUMENT # P98000039028 **Secretary of State** 1. Entity Name KELLY BUILDERS, INC. Principal Place of Business Mailing Address 21179 SWEETWATER LANE BOCA RATON FL 33428 21179 SWEETWATER LANE BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0849882 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, TIMOTHY R Street Address (P.O. Box Number is Not Acceptable) 21179 SWEETWATER LANE **BOCA RATON FL 33428** City Zip Code 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 regulard when teinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD ane Change ☐ Addition BILLE ☐ Delete NAME KELLY, TIMOTHY R NAME U00000197519 STREET ADDRESS 21179 SWEETWATER LANE STREET ADDRESS 01/27/05-80014-020 150.00 **BOCA RATON FL 33428** CHY-S1-21P CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY ST-ZIP Delete ☐ Change Addition DITTE FritE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZW HILE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 10005 Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. President

SIGNATURE: