2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).....

FILED DOCUMENT # P98000039028 Jan 22, 2007 08:00 AM **Secretary of State** 1. Entity Name KELLY BUILDERS, INC. Mailing Address Principal Place of Business 21179 SWEETWATER LANE 21179 SWEETWATER LANE **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) Cily & State 4. FEI Number Applied For City & State 65-0849882 Not Applicable Zip Country Ζıp 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 required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PSD ☐ Change ■ Addition 11111 Delete 900 U00000594085 KELLY, TIMOTHY R NAME NAM 01/22/07-80058-002 150.00 21179 SWEETWATER LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CHY-SI-ZIP CHY-ST-ZIP 2010 Delete ☐ Change Addition NAME. NAM STREET ADORESS STREET ADDRESS CJIY-ST-ZIP CHY-S1-ZIP ☐ Change ☐ Addition ma. ☐ Delete HILE NAM STREET ADORESS STREET ADDRESS City-St-7ii CITY-St-ZIP Addition mu, Delete ☐ Change NAME. NAMi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP Delete DILLE □ Change ☐ Addition TITLE NAMI NAMI STHEET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-7IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 each; 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

NATURE: True My True Hy R. Kelly President 1.20.07 561.445.2119