2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AP Secretary of State

ANNUAL REPORT				_	Apr 30, 200 / 08:0			
DOCUMENT # P98000092004 1. Entity Name DONNELLY INVESTMENT GROUP, INC.				Secretary of St				
9240 TARA DRIVE 92		Mailing Address 9240 TARA DRIVE NEW PORT RICHEY, FL 34654			f 13101 1871 8814 3814 8811 1			
DO NOT WRITE IN THIS SPA			CE	04292007 No Chg-P CR2E034 (11/05) 4. FEI Number				
9249 TARA	6. Name and Address of Current Regi Y, WILLIAM A DR RICHEY, FL 34654			NOT WE				
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								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				5.00 May Be dded to Fees	U000007 05/18/07-8	'50068 30046-022	150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D DONNELLY, WILLIAM 9240 TARA DRIVE NEW PORT RICHEY, FL 34654	COURS			NOT WI THIS SPA			
TITLE NAME								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: William W. Donnelly Weine Warnello 4/30/07 (727) 860-4015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP