## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P99000002514** 05-01-2006 90461 011 \*\*\*150.00 KELLY'S WHAT A DEAL, INC. Principal Place of Business Mailing Address Elligetia 3312 W HILLSBORO BLVD 1446 NW 2ND AVE., #105 DEERFIELD BEACH, FL 33442 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 42 Drayton Street c/o CompuKeeper Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) Cha-P 298 NW 2nd Ave. City & State City & State 4. FEI Number Applied For Savannah, GA FLBoca Raton, 65-0885516 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 33431 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kelly Ezell EZELL, KELLY C/O COMPUKEEPER 3312 W HILLSBORO BLVD BOCA RATON, FL 33432 2298 NW 2nd Ave. Ste Zig Code 31 Boca Raton 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. 4/20/04 X Kolley Egol K 6 Signature, typed or printing name of foglistered agent and title if applicable. Kelly Ezell (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE □ Delete TITLE Kelly Ezell **EZELL, KELLY** MAME NAME STREET ADDRESS 3312 W HILLSBORO BLVD STREET ADDRESS 42 Drayton Street CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP 31401 Savannah, GA ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Kelly Ezell, President

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

912-447-1999 X