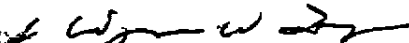


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000015795		
1. Entity Name KELLAND ENTERPRISES, INC.		
Principal Place of Business 2321 WEST GULF DRIVE UNIT 2B SANIBEL, FL 33957		Mailing Address 607 NORTHAVN CIR. GLENSHAW, PA 15116
DO NOT WRITE IN THIS SPACE		
		03092006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0899504		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIPARDO, DANIELE R 2321 W GULF DR UNIT 2B SANIBEL, FL 33957		DO NOT WRITE IN THIS SPACE
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 6-3-14-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000489212 04/18/06-80007-009 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LANDY, WAYNE 607 NORTHAVEN CIRCLE GLENSHAW, PA 15116	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD KELLY, PAMELA 10570 CREST RD WEXFORD, PA 150909444	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-19-06 x 412 487 7582 Date Daytime Phone #