


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # S09284 1. Entity Name KELLY MCGILLIS, INC.	
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Principal Place of Business 2699 S. BAYSHORE DR. SUITE 400 MIAMI, FL 33133	Mailing Address 2699 S. BAYSHORE DR. SUITE 400 MIAMI, FL 33133
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3208317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAUFMAN, ROSSIN & CO. 2699 S. BAYSHORE DR. SUITE 400 MIAMI, FL 33133
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGILLIS, KELLY A. 2669 S. BAYSHORE DR 400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMAN, JAMES R. 2669 S. BAYSHORE DR 400 MIAMI, FL
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<p>000000720537 05/01/07-80108-020 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Kelly McGillis 4/16/07 60763 3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #