


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # V26951 1. Entity Name KAY LIMITED INC.	
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Principal Place of Business 692 E. EAUGALLIE BLVD. INDIAN HARBOR BEACH, FL 32937	Mailing Address 692 E. EAUGALLIE BLVD. INDIAN HARBOR BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3117636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YAMPOLSKY, KATHLEEN 692 E. EAUGALLIE BLVD. INDIAN HARBOR BEACH, FL 32937

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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 <u>Kathleen Yampolsky</u> DATE <u>April, 29, 07</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>

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	U00000758522 05/24/07-80006-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D YAMPOLSKY, KATHLEEN 4275 5TH PLACE VEOR BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D YAMPOLSKY, RONALD 4275 5TH PLACE VEOR BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M YAMPOLSKY, MITCHELL 4270 5TH PLACE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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: <u>[Signature]</u> DATE <u>April 29</u> DAYTIME PHONE # <u>772-538-0094</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>