


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90074 046 \*\*\*150.00

<b>DOCUMENT # 841281</b> 1. Entity Name <b>THE LELY CORPORATION OF DELAWARE</b>					
Principal Place of Business <b>PO BOX 437</b> <b>PELLA, IA 50219 US</b>			Mailing Address <b>PO BOX 437</b> <b>HIGHWAY 301 SOUTH</b> <b>PELLA, IA 50219 US</b>		
2. Principal Place of Business		3. Mailing Address <b>PO BOX 437</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PELLA, IA</b>		4. FEI Number <b>51-0098254</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>50219</b>		Country <b>US</b>		01092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CORPORATION CREATION NETWORK INC.</b> <b>11380 PROSPERITY FARMS RD., #221E</b> <b>PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN DER LELY, ALEXANDER</b> <b>POST OFFICE BOX 437</b> <b>PELLA, IA 50219</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LANGE, LUKE</b> <b>POST OFFICE BOX 437</b> <b>PELLA, IA 50219</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN DER LELY, OLAF</b> <b>POST OFFICE BOX 437</b> <b>PELLA, IS 50219</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LANGEBEEKE, PETER</b> <b>8825 TAMiami TRAIL</b> <b>NAPLES, FL 33962</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DE LANGE, LUKE</b> <b>POST OFFICE BOX 437</b> <b>PELLAS, IA 50219</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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>Peter Langebeke</u> Date: <u>2-2-06</u> Daytime Phone #: <u>641-621-7064</u>		