


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 841281	
1. Entity Name THE LELY CORPORATION OF DELAWARE	

Principal Place of Business PO BOX 437 PELLA, IA 50219 US	Mailing Address PO BOX 437 PELLA, IA 50219 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0098254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION CREATION NETWORK INC. 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS, FL 33410
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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 _____

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	000000592776 01/22/07 00005 003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DER LELY, ALEXANDER POST OFFICE BOX 437 PELLA, IA 50219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LANGE, LUKE POST OFFICE BOX 437 PELLA, IA 50219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEBEEKE, PETER 8825 TAMiami TRAIL NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DE LANGE, LUKE POST OFFICE BOX 437 PELLA, IA 50219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Peter Langebееke **PETER LANGEBEEKE** 12-4-07 (641) 621-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #