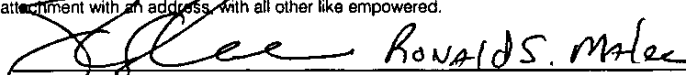


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000006486 1. Entity Name KEYSTONE HALLS, INC.						FILED 05 JUL 22 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1420 SW 3RD AVENUE FT LAUDERDALE, FL 33315				Mailing Address 1420 SW 3RD AVENUE FT LAUDERDALE, FL 33315			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0875670				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				07152005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent MALEC, RONALD S 209 NE 27TH DRIVE WILTON MANORS, FL 33334				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable.							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOCKER, MICHAEL 2031 SW 23RD AVE FORT LAUDERDALE, FL 33312 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100058534561 08/12/05--01050--011 **10.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENFIELD, BRANDON 10600 STALFORD RD COUNTRYSIDE, IL 60525 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALEC, JOHN J 604 SW 6TH AVE FORT LAUDERDALE, FL 33315 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALEC, RONALD S 209 NE 27 DRIVE WILTON MANORS, FL 33334 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MIRALDI, KATHI 1420 SW 3RD AVENUE FT LAUDERDALE, FL 33315 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 				RONALD S. MALES 7/15/05 (954) 568-9285 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			