


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90031 008 \*\*\*150.00

**60018769**



<b>DOCUMENT # P04000079969</b>			
1. Entity Name <b>KEY'S GATEWAY INVESTMENT CORPORATION</b>			
Principal Place of Business <b>82661 OVERSEAS HWY ISLAMORADA, FL 33036</b>		Mailing Address <b>82661 OVERSEAS HWY ISLAMORADA, FL 33036</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-5678337</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LERCH, DAROLD L 82661 OVERSEAS HWY ISLAMORADA, FL 33036		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 re-registering) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LERCH, DAROLD L</b>		NAME <b>MARC LAPOINTE</b>	
STREET ADDRESS <b>82661 OVERSEAS HWY</b>		STREET ADDRESS <b>82661 Overseas Hwy</b>	
CITY-ST-ZIP <b>ISLAMORADA, FL 33036</b>		CITY-ST-ZIP <b>ISLAMORADA FL 33036</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CAMPBELL, LAWRENCE</b>		NAME <b>Stefanie Star</b>	
STREET ADDRESS <b>82661 OVERSEAS HWY</b>		STREET ADDRESS <b>82661 Overseas Hwy</b>	
CITY-ST-ZIP <b>ISLAMORADA, FL 33036</b>		CITY-ST-ZIP <b>ISLAMORADA FL 33036</b>	
TITLE <b>S/T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEPHENS-LERCH, SUZANNE E RN</b>		NAME	
STREET ADDRESS <b>360 MAHOGANY DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY LARGO, FL 33037</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Darold Lerch Pres</u>		Date: <u>Feb 19, 07</u> Daytime Phone #: <u>305 664 4008</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			