

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059123

FILED
Apr 24, 2008
Secretary of State

Entity Name: UPPER KEYS COMMERCE CENTER INC.

Current Principal Place of Business:

97300 OVERSEAS HIGHWAY
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3006
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0765598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTE, CHRIS
300 ATLANTIC DR
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SANTE, CHRIS
Address: P O BOX 3006 N/A
City-St-Zip: KEY LARGO, FL 33037

Title: VS () Delete
Name: SANTE, PAM
Address: P O BOX 3006 N/A
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SANTE, CHRIS
Address: PO BOX 3006
City-St-Zip: KEY LARGO, FL 33037

Title: VS (X) Change () Addition
Name: SANTE, PAM
Address: PO BOX 3006
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS SANTE

PTD

04/24/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date