

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 267518

FILED
Apr 28, 2006
Secretary of State

Entity Name: KEY TRAVEL SERVICES, INC.

Current Principal Place of Business:

241 SEVILLA AVE.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 149222
CORAL GABLES, FL 331149222 US

New Mailing Address:

FEI Number: 59-0997458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D/P () Delete
Name: EL-NAFFY, HANI
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DVCF () Delete
Name: INSERRA, JOHN F
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D/V () Delete
Name: EDMONSON, M. BRYCE
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S/V () Delete
Name: JORDAN, BRUCE A
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: V/T () Delete
Name: THOMPSON, PETER M
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: MANCILLA, SERGIO
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCFO (X) Change () Addition
Name: INSERRA, JOHN F
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D/V (X) Change () Addition
Name: TENAZAS, MARISSA (LOUIE R
Address: 241 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE A JORDAN

S

04/28/2006

Electronic Signature of Signing Officer or Director

Date