2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383345

Entity Name: CENTRAL KEYS DEVELOPMENT CORP.

FILED Feb 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

82905 US HWY 1 P.O. BOX 324

ISLAMORADA, FL 33036

New Mailing Address:

POST OFFICE BOX 324 ISLAMORADA, FL 33036

ISLAMORADA, FL 33036

82905 OVERSEAS HIGHWAY

Current Mailing Address:

P.O. BOX 324 ISLAMORADA, FL 33036

FEI Number: 59-1401562

82905 US HWY 1

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Na

US

Name and Address of New Registered Agent:

DOUGNERTY, M. KAY 218 MATECUMBE AVE ISLAMORADA, FL 33036 DOUGHERTY, M. KAY 218 MATECUMBE AVE ISLAMORADA, FL 33036

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: M KAY DOUGHERTY

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

 Title:
 P
 () Delete

 Name:
 ALLENWOOD, RICHARD JR

 Address:
 192 SO AIRPORT ROAD

 City-St-Zip:
 TAVERNIER, FL 33070

Title: VP () Delete
Name: DOUGNERTY, M. KAY
Address: 218 MATECUMBE AVE
City-St-Zip: ISLAMORADA, FL 33036

 Title:
 S
 () Delete

 Name:
 WOOD, JANET L

 Address:
 216 SO AIRPORT ROAD

 City-St-Zip:
 TAVERNIER, FL 33070

Title: T () Delete
Name: WOOD, JAMES
Address: 11621 US HIGHNAV 30

Address: 11621 US HIGHWAY 301
City-St-Zip: HAWTHORNE, FL 32640

Title: P (X) Change () Addition
Name: ALLENWOOD, RICHARD JR
Address: 108 GARDENIA STREET
City-St-Zip: TAVERNIER, FL 33070

Title: VP (X) Change () Addition Name: DOUGHERTY, M. KAY

Name: DOUGHERTY, M. KAY
Address: 218 MATECUMBE AVE
City-St-Zip: ISLAMORADA, FL 33036

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: M KAY DOUGHERTY VP

02/08/2007