


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 523334 |  |
| 1. Entity Name KEY WARREN, INC. | |

| | |
|--|--|
| Principal Place of Business % HOLDING CAPITAL GROUP INC. 104 CRANDON BLVD #419 KEY BISCAVNE, FL 33149 US | Mailing Address % HOLDING CAPITAL GROUP INC. 104 CRANDON BLVD., #419 KEY BISCAVNE, FL 33149 US |
|--|--|



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1722530 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent SPENCER, S.A. 251 CRANDON BLVD. #164 KEY BISCAVNE, FL 33149 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SPENCER, S. A. 251 CRANDON BLVD. #164 KEY BISCAVNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SPENCER, MARY M. 251 CRANDON BLVD. #164 KEY BISCAVNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DONAGHY, JAMES W. 7 RIDGEWOOD DRIVE BRIDGEWATER, CT 06752 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEISCHNER, STEVEN 1979 DOGWOOD DR SCOTCH PLAINS, NJ 07076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000434958
02/25/06-80024-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 law empowered.

SIGNATURE: *By: Steven Leischner, Secretary* **2-6-06 (305) 361-8864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #