2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523334

Entity Name: KEY WARREN, INC.

FILED Apr 22, 2009 Secretary of State

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

% HOLDING CAPITAL GROUP INC. 104 CRANDON BLVD #419 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

% HOLDING CAPITAL GROUP INC. 104 CRANDON BLVD., #419 KEY BISCAYNE, FL 33149

FEI Number: 59-1722530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPENCER, S.A. MARY M. SPENCER 251 CRANDON BLVD. 251 CRANDON BLVD. #164 #164

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 US

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: MARY M. SPENCER 04/22/2009

> Electronic Signature of Registered Agent Date

> > Title:

VD

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VD

Title:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SPENCER, S. A. SPENCER, MARY M. Name: Name: 251 CRANDON BLVD. #164 251 CRANDON BLVD. #164 Address: Address:

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

() Delete (X) Change () Addition DONAGHY, JAMES W. Name: SPENCER, MARY M. Name: 251 CRANDON BLVD. #164 7 RIDGEWOOD DRIVE Address: Address: KEY BISCAYNE, FL 33149 BRIDGEWATER, CT 06752 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition VD. () Delete Title:

DONAGHY, JAMES W. LEISCHNER, STEVEN Name: Name: 7 RIDGEWOOD DRIVE 1979 DOGWOOD DR Address: Address: City-St-Zip: BRIDGEWATER, CT 06752 City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: (X) Delete Title: () Change () Addition

LEISCHNER, STEVEN Name: 1979 DOGWOOD DR Address: SCOTCH PLAINS, NJ 07076 City-St-Zip:

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: STEVEN LEISCHNER S 04/22/2009