2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529893

Entity Name: KEYS CAR WASH, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11055 OVERSEAS HWY MARATHON, FL 33050 US **Current Mailing Address: New Mailing Address:** P.O. BOX 522737 MARATHON SHORES, FL 33052 FEI Number: 59-1732001 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: BURNS, JOHN 1760-109TH ST. GULF MARATHON, FL 33050 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROBIN, STATEN K Name: Name: 555 BUCK RUN ROAD Address: Address: City-St-Zip: SEAMAN, OH 45679 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BURNS, JAYNE Name: P.O. BOX 522737 Address: Address: MARATHON SHORES, FL 33052 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BURNS, JONATHAN D Name: Name: P.O. BOX 522737 Address: Address: City-St-Zip: MARATHON SHORES, FL 33052 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition BURNS, SHERRY L Name: Name: Address: P.O. BOX 522737 Address: City-St-Zip: MARATHON SHORES, FL 33052 City-St-Zip: Title: TR Title: () Delete () Change () Addition BURNS, KALLY A Name: Name: P.O. BOX 522737 Address: Address: MARATHON SHORES, FL 33052 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BURNS, K. ROBIN Name: Name: 555 BUCK RUN ROAD Address: Address: City-St-Zip: City-St-Zip: SEAMAN, OH 45679

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: JAYNE BURNS SECT 04/28/2006