
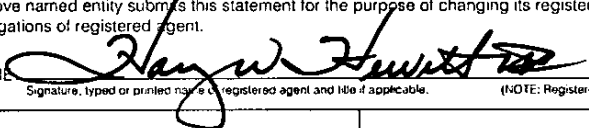
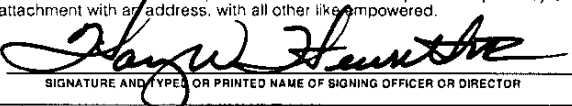


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 627525 1. Entity Name GOLD KEY INTERNATIONAL, INC.						FILED 05 OCT 21 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6009 S. ORANGE AVE. ORLANDO, FL 32809				Mailing Address 6009 S. ORANGE AVE. ORLANDO, FL 32809			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2049926				<input type="checkbox"/> 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 HEWITT III, HARRY 6009 S ORANGE AVE ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10-19-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME HEWITT, HARRY W III STREET ADDRESS 6009 S ORANGE AVE CITY-ST- ZIP ORLANDO, FL 32809				<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060865801 10/21/05--01048--003 **61.25			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10-19-05 321-436-7338 <small>Daytime Phone #</small>			