



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003174 1. Entity Name KEY-ART PUBLISHING CORPORATION	
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Principal Place of Business 6415 CASTLEWAY W. DRIVE, SUITE 201 INDIANAPOLIS, IN 46250	Mailing Address 6415 CASTLEWAY WEST DRIVE STE 201 INDIANAPOLIS, IN 46250
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DO NOT WRITE IN THIS SPACE

	
04142007 No Chg-P CR2E034 (11/05)	
4. FEI Number 35-1981380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

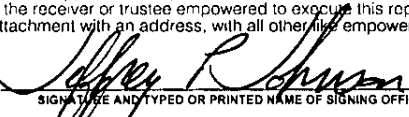
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSON, DANIEL S 6415 CASTLEWAY WEST DRIVE INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JEFFREY P 6415 CASTLEWAY WEST DRIVE INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFMOCKEL, JAMES 311 SOUTH WACKER DRIVE STE. 550 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINERNEY, JOSEPH 311 SOUTH WACKER DRIVE STE. 550 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, ROLLIN M 9085 EAST STATE ROAD 334 ZIONSVILLE, IN 46077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000719634 05/01/07-80070-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 filers empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-14-07 (317) 570-4040 <small>Daytime Phone #</small>