2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005999

FILED Feb 09, 2006 Secretary of State

Entity Nai	me: KEY GOV	ERNMENT FINANCE, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	ASLIN BLVD R, CO 80027			1000 S. MCCASLIN BLVD SUPERIOR, CO 80027			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	ASLIN BLVD R, CO 80027			1000 S. MCCASLIN BLVD SUPERIOR, CO 80027			
FEI Number: 20-0259892 FEI Number Applied For () FEI N			FEI Number Not App	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:		
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230	012525 US					
	named entity seconds	submits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or b	oth,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BOHAN, GREGO 1000 MCCASLI SUPERIOR, CO	N BLVD	Title: Name: Address: City-St-Zip:	P (X BOHAN, GREG 1000 S. MCCA SUPERIOR, CO	SLIN BLVD		
Title: Name: Address: City-St-Zip:	VP () SEYBOLD, THO 1000 MCCASLI SUPERIOR, CO	N BLVD	Title: Name: Address: City-St-Zip:	VP (X SEYBOLD, THO 1000 S. MCCA SUPERIOR, CO	SLIN BLVD		
Title: Name: Address: City-St-Zip:	T () PFEIFFENBER 1000 MCCASLI SUPERIOR, CC	N BLVD	Title: Name: Address: City-St-Zip:	T (X TINNON, RICH, 1000 S. MCCA SUPERIOR, CO	SLIN BLVD		
Title: Name: Address: City-St-Zip:	S () EARLY, JEANN 1000 MCCASLI SUPERIOR, CC	N BLVD	Title: Name: Address: City-St-Zip:	S (X EARLY, JEANN 1000 S. MCCA SUPERIOR, CO	SLIN BLVD		
Title: Name: Address: City-St-Zip:	D () LARSON, KARE 1000 MCCASLI SUPERIOR, CO	N BLVD	Title: Name: Address: City-St-Zip:	D (X LARSON, KAR 1000 S. MCCA SUPERIOR, CO	SLIN BLVD		

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: JEANNE L EARLY 02/09/2006 SEC