## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006914

City-St-Zip:

6300 ZUG/SWITZERLAND, XX

FILED Jan 28, 2009 Secretary of State

Entity Nar	me: KEYTRADE AG CORP.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	RSTRASSE 68 SWITZERLAND, ZH 8800 XX			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3030 N.W.ROCKY POINT DR. WEST SUITE 555 TAMPA, FL 33607 XX		201 N. FRANKLIN STR SUITE 2970 TAMPA, FL 33602		
FEI Number:	: 98-0367793 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:				
1540 GLEN TALLAHAS	RATING SERVICES, LTD.  NWAY DRIVE SSEE, FL 32301 US  named entity submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
	e of Florida. Î			
SIGNATUR				
	Electronic Signature of Registered A	gent	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VC ( ) Delete KEYMAN, MELIH IN DER BETHALDEN 5 8803 RUSCHLIKON/ SWITZERLAND, XX	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP ( ) Delete VATERLAUS, ANDREAS SEESTRASSE 18 8803 RUSCHLIKON/SWITZERLAND, XX	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () Delete ARNOLD, PETER B GOTTHARDSTRASSE 3	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: MELIH KEYMAN VC 01/28/2009