FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 29, 2001 8:00 am DOCUMENT # **G02623 Secretary of State** 1. Entity Name **KEY-ROS CORPORATION** 01-29-2001 90141 003 ***150.00 Principal Place of Business Mailing Address 18 LITTLE POND ROAD 18 LITTLE POND ROAD P.O. BOX 8146 P.O. BOX 8146 LANTANA FL 33462 LANTANA FL 33462 907249 2. Principal Place of Business 3. Mailing Address 12990 CALAIS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FE! Number 04-2463539 AIYTANA Not Applicable \$8.75 Additional Country 5._Certificate_of_Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEDDY, DONALD G. Street Address (P.O. Box Number is Not Acceptable) 12990 CALAIS CIRCLE PALM BEACH GARDENS FL 33410 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. 12 TITLE Delete TITLE ☐ Change NAME KEDDY, DONALD G. NAME STREET ADDRESS STREET ADDRESS 12990 CALAIS CIRCLE CITY-ST-7/P CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE Change ☐ Addition KEDDY, HELENA NAME NAME STREET ADDRESS STREET ADDRESS 12990 CALAIS CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE COFFEY DORI SPRINGLINE DRIVE NAME NAME 128 STREET ADDRESS STREET ADDRESS BEACH FL. 32963 VERO CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ★ Addition DOUGLAS COFFEY 188 SPRINGLIME NAME DRIVE STREET ADDRESS STREET ADDRESS 32963 CITY-ST-ZIP CITY-SY-7IP VERD BEACH, FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

KEDDY 1-10-01