2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G02623

Entity Name: KEY-ROS CORPORATION

FILED Jan 31, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1810 HYPOLUXO RD D-3

LAKE WORTH, FL 33462

Current Mailing Address: New Mailing Address:

P O BOX 8146 LANTANA, FL 33465

FEI Number: 04-2463539 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:

KEDDY, DONALD G. DUFFY, THOMAS F. 11373 TWELVE OAKS WAY 6215 LA VIDA TER

NORTH PALM BEACH, FL 33408 US BOCA RATON, FL 33433 US

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: THOMAS F. DUFFY 01/31/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: KEDDY, DONALD G., Name: DUFFY, THOMAS F.,

Address: 11373 TWELVE OAKS WAY Address: 6215 LA VIDA TER
City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: BOCA RATON, FL 33433

Title: ST () Delete Title: S (X) Change () Addition Name: KEDDY, HELENA, Name: KLINGER, DONALD W.,

Name:KEDDY, HELENA,Name:KLINGER, DONALD VAddress:11373 TWELVE OAKS WAYAddress:6264 ROBINSON STCity-St-Zip:NORTH PALM BEACH, FL 33408City-St-Zip:JUPITER, FL 33458

Title: Title: () Delete (X) Change () Addition COFFEY, DORI PISANELLO, RAYMOND A, . Name: Name: 128 SPRINGLINE DRIVE 6215 LA VIDA TER Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete Title: D (X) Change () Addition

 Name:
 COFFEY, DOUGLAS
 Name:
 DUFFY, CUJEÉ,

 Address:
 128 SPRINGLINE DRIVE
 Address:
 6215 LA VIDA TER

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 BOCA RATON, FL 33433

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: THOMAS F. DUFFY P 01/31/2007