## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE 2

## **FILED** Jul 06, 2006 08:00 AM DOCUMENT # H31686 **Secretary of State** 1. Entity Name KEY 1 REALTY, INC. Principal Place of Business Mailing Address ROBERT R CHRISTENSEN ROBERT R CHRISTENSEN 4 SHORT LEAF CT N 4 SHORT LEAF CT N HOMOSASSA, FL 34446 US HOMOSASSA, FL 34446 07032006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2478843 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHRISTENSEN, ROBERT R. DO NOT WRITE 4 SHORTLEAF COURT N HOMOSASSA, FL 34446 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 "9." Election Campaign Financing-55.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees Due by September 6, 2006 Trust Fund Contribution. 3 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE PD CHRISTENSEN, ROBERT R. NAME **4 SHORTLEAF COURT N** U00000568234 STREET ADDRESS HOMOSASSA, FL 07/06/06-80014-016 158.75 CITY-ST-ZIP IIILE STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-7/P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 like empowered.