2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

| DOCUMENT # M67428 1. Enlity Name KEY COLONY BEACH REALTY, INC. | | | | | | | 03-10-2008 9 | 90069 021 | ***158 | 3.75 |
|---|---|--|--|--------------------------|--|------------------------|---|--|---------------------|---------------------------|
| Principal Place of Business KEY COLONY BEACH REALTY 220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051 US Mailing Address PO BOX 510095 KEY COLONY BEACH, FL 33 | | | | | 1 US | | : 1)(1) [1](2 [1](3 [1](4 [1](5 | . 1 7211 . 1711 . 1711 . 171 | | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02292008 | Chg-P | CR2E034 | (12/06) | |
| City & State | 9 | | City & State | | | 4. FEI Numbe 65-007 | | | → | plied For t Applicable |
| Zip | Country | | Zip | Coun | try | | of Status Desired | Fee | .75 Add Required | |
| | 6. Name an | d Address of Current I | 7. Name and Address of New Registered Agent Name | | | | | | | |
| JOSEPH, JOHN P ESQ. 2429 CENTRAL AVENUE SUITE 201 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SAINT PETERSBURG, FL 33713 | | | | | | | | | | |
| | | | | | City | | | FL | Zip Code | |
| 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 p | rinted name of registered agent a | I when reinstating) | | DATE | | | | | |
| | | EE IS \$150.00 ee will be \$550.0 | | .00 May Be ed to Fees | | | | | | |
| 10. | | OFFICERS AND I | DIRECTORS | CTORS 11. | | | CHANGES TO OFFI | CERS AND DIF | RECTORS | 3IN 11 |
| TITLE NAME STREET ADDRESS CITY - STZIP | J | JUL G SKI CAUSEWAY Y BEACH, FL 3305 | ☐ Delete | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOSEPH, DE 116 AVENUE MARATHON | E G | ☐ Delete | | | | | | Change | Addition 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | D Delete JOSEPH, GEORGE P 19101 S.W. 61ST MANOR SOUTHWEST RANCHES, FL 33332 | | | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 241 12TH ST | CKER, PATRICIA REET Y BEACH, FL 3305 | ☐ Delete | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . 1 | | ☐ Delete | | [| | | | Change | Addition |
| 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 attactiment with an address, with all other like empowered. | | | | | | | | | | |