2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72558

Entity Name: KEY FIRE HOSE CORPORATION

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1150 NW 7 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 53 MIAMI, FL					
FEI Number:	65-0035362	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
GENTHNE 1150 NW 7 MIAMI, FL					
The above in the State		submits this statement for the purpo	ose of changing its registere	d office or registered agent, or both,	
SIGNATURE:					
	Electro	nic Signature of Registered Agent		Date	
Election Carr	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (GENTHNER, C 1150 NW 72 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BERNHARDT,	OLITAN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MATHEWS, TO 1150 NW 72 S MIAMI, FL 33	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DONEGAN, LA 1150 NW 72N MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BELL, GERAL 116 SNIPE CO DUCK, NC 27	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GENTHNER, T 1150 NW 72 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: CHARLES S. GENTHNER PRES 06/22/2009