2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90178 021 ****61.25

1. Entity Name KEYSTONE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.												
16630 NORTH DALE MABRY HWY 166				ing Address 630 NORTH DALE MABRY HWY MPA, FL 33618-1400								
2. Principal Pl	lace of Busin	ess	3. Mailing	Address	<u>.</u>		•					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01192006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State					4. FEI Number 59-3694			No	plied For t Applicable
Zip Country		Zip		Cor	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	Agent		Name		7. Name and	Address of New	Registere	d Agent	
16630 N D	CIATION, INC. Mace of Business DRTH DALE MABRY HWY L 33618-1400 al Place of Business Apt. #, etc.				Name Street Address (P.O. Box Number is Not Acceptable)							
						City				F	L Zip Code	
			or the purpos	e of changing its	register	ed office or	register	ed agent, or both	, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent	and title if applica	uble. (NOT	E: Registere	id Agent signati.	re required	when reinstating)		DATI	E	
	Filing Fe	or printed name of registered agent e is \$61.25 lay 1, 2006	and title if applica	9. Election Ca. Trust Fund	mpaign f	inancing	re required	\$5.00 May Be Added to Fees	FI	Make che	eck payable to	
10.	Filing Fe	e is \$61.25		9. Election Ca	mpaign f	inancing		\$5.00 May Be Added to Fees	NGES TO OFFI	Make che iorida Dep CERS AND	eck payable to artment of St	tate
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fe Due by M	e is \$61.25 lay 1, 2006 OFFICERS AND DII N, DANNY FLETCHER AVE		9. Election Ca	mpaign F Contribut 11. TITLI NAM STRE	Financing ion.		\$5.00 May Be Added to Fees	INGES TO OFFICE	Make che lorida Dep CERS AND	eck payable to artment of St	tate
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12. I hereby certify that the information supplied with this filing 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 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 617, 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.

JOHN WESTFALL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR