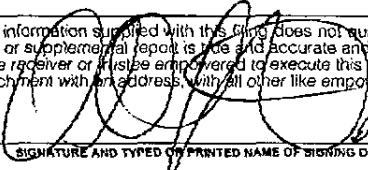


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009834		
1. Entity Name KEYSTONE SHORES COMMERCIAL ASSOCIATION, INC.		
Principal Place of Business 1525 W HILLSBOROUGH AVE TAMPA, FL 33603	Mailing Address 1525 W HILLSBOROUGH AVE TAMPA, FL 33603	
DO NOT WRITE IN THIS SPACE		
		
02282006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 05-0465319		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SAM REIBER 5821 HENDERSON BLVD. TAMPA, FL 33629		DO NOT WRITE 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, if applicable, (NOTE: Registered Agent signature required when renewing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U00000540183 05/10/06-80008-013 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BEDI, MD, BHARMINDER 11630 GREENSTEEVE AVE. TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MALHI, DHANNA MD 1515 RICHARD RD. YUBA CITY, CA 95993	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
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.		
SIGNATURE:  DIMITRI ARTZIBUSHEV - Danda 4/5/06 813-237-0529 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		