


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006656		
1. Entity Name ALL KEYS SOFTBALL, INC.		
Principal Place of Business 700 39 ST GULF MARATHON, FL 33050	Mailing Address 700 39 ST GULF MARATHON, FL 33050	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BOTTOMLEY, THOMAS 700 39 ST GULF MARATHON, FL 33050		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTOMLEY, THOMAS 700 39TH ST GULF MARATHON, FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYD, ROBIN 5205 DOGWOOD DELL MARATHON, FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGSTRETH, LORI 10960 3RD AVE GULF MARATHON, FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKER, CARMEN 101 STIRRUP KEYWOODS RD MARATHON, FL 33050	
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 exemption stated in Section 119.07(3)(f), 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: <i>Thomas Bottomley</i> Thomas Bottomley 4/18/05 (305)773-7475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0850672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/20/05-80038-012 61.25

**DO NOT WRITE
IN THIS SPACE**