


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90965 001 \*\*\*\*\*61.25  
05-02-2005 90965 002 \*\*\*\*\*8.75

<b>DOCUMENT #</b> N04000003061	
<b>1. Entity Name</b> KEY EDUCATION, INC.	

<b>Principal Place of Business</b> 401 MARGARET ST. KEY WEST, FL 33040	<b>Mailing Address</b> 401 MARGARET ST. KEY WEST, FL 33040
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<b>2. Principal Place of Business</b> 401 Margaret St. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 401 Margaret St. Suite, Apt. #, etc.
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<b>City &amp; State</b> Key West, FL	<b>City &amp; State</b> Key West FL
<b>Zip</b> 33040	<b>Zip</b> 33040
<b>Country</b> USA	<b>Country</b> USA

01062005 Chg-NP CR2E037 (10/03)



<b>4. FEI Number</b> 13-4279207	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> MCDERMOTT, T J 401 MARGARET ST. KEY WEST, FL 33040	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ **4/29/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> HICKMAN EMERSON, BETH <b>STREET ADDRESS</b> 1202 GREGSON <b>CITY-ST-ZIP</b> DURHAM, NC 27701	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MCKIERNAN, GAVIN <b>STREET ADDRESS</b> 28 KINGFISHER LANE <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MCDERMOTT, T J IV <b>STREET ADDRESS</b> 401 MARGARET ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

← Last name  
Spelled wrong.  
CORRECT:  
McKeirnan

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/29/05** **305.295.6551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #