





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 040 ****70.00

DOCUMENT # N04000003061 1. Entity Name KEY EDUCATION, INC.					
Principal Place of Business 401 MARGARET ST. KEY WEST, FL 33040				Mailing Address 401 MARGARET ST. KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box # 1022 Watson Lane <small>Suite, Apt. #, etc.</small>		3. Mailing Address 837 Forest Ave. <small>Suite, Apt. #, etc.</small>			
City & State 33040 Monroe		City & State South Bend IN		4. FEI Number 13-4279207	
Zip 33040		Country Monroe		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33040		Country Monroe		6. Name and Address of Current Registered Agent MCDERMOTT, T J 401 MARGARET ST. KEY WEST, FL 33040	
Zip 33040		Country Monroe		7. Name and Address of New Registered Agent Name T.J. McDermott Street Address (P.O. Box Number is Not Acceptable) 1022 Watson Lane City Key West FL 33040	
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)</small>				DATE 7/29/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN EMERSON, BETH <input type="checkbox"/> Delete 1202 GREGSON DURHAM, NC 27701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEIRNAN, GAVIN <input checked="" type="checkbox"/> Delete 16 SEASIDE CT SOUTH KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, T J IV <input type="checkbox"/> Delete 401 MARGARET ST. KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1022 Watson Lane Key West, FL 33040					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/29/07 <small>Date</small>	
<small>Daytime Phone #</small>					