## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012264

Address:

City-St-Zip:

300 ATLANTIC DRIVE

KEY LARGO, FL 33037

FILED Apr 28, 2008 Secretary of State

Entity Nai	me: UPPER K	EYS BUSINESS GROUP INC		-	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	NTIC DRIVE 30, FL 33037				
Current Mailing Address:			New Mailing Address:		
	NTIC DRIVE 30, FL 33037				
FEI Number:	: 26-1656452	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
TURNER, JAMES 300 ATLANTIC DRIVE KEY LARGO, FL 33037 US			SANTE, CHRIS 300 ATLANTIC DRIVE KEY LARGO, FL 33037	300 ATLANTIC DRIVE	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered c	office or registered agent, or both,	
SIGNATURE: CHRIS SANTE				04/28/2008	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) TURNER, JAME 300 ATLANTIC KEY LARGO, F	DRIVE	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () KILBENHEYER 300 ATLANTIC KEY LARGO, F	DRIVE	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS ( ) PREW, NAREL 300 ATLANTIC KEY LARGO, F	DRIVE	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	DT ( ) SANTE, CHRIS	Delete	Title: ( ) Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRIS SANTE DT 04/28/2008