2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23840

FILED Apr 11, 2007 Secretary of State

Entity Name: KEYSTONE LAKE REGION BUSINESS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1891 7426 SR 2

KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656

Current Mailing Address: New Mailing Address:

P.O. BOX 1891

KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-2872751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ETHERIDGE, DEBORAH J NORTON, JENNIFER 50 SE 50TH STREET 111 SORREL ST.

KEYSTONE HEIGHTS, FL 32656 US MIDDLEBURG, FL 32068 US

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.

SIGNATURE: JENNIFER NORTON 04/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: P (X) Change() Addition

Name:HULON, BOBName:WILLIAMS, REBECCAAddress:5470 CHRISTIAN CAMP RD.Address:6527 BROOKLYN BAY RD.City-St-Zip:KEYSTONE HEIGHTS, FL 32656City-St-Zip:KEYSTONE HEIGHTS, FL 32656

Title: D () Delete Title: V (X) Change () Addition Name: TANNER-RICE, GRAYLYN Name: NORTON, JENNIFER

Address: 1004 SE COUNTY RD. 21B Address: 111 SORREL ST.
City-St-Zip: MELROSE, FL 32666 City-St-Zip: MIDDLEBURG, FL 32068

Title: P () Delete Title: S (X) Change () Addition Name: WHITE, TAMARA Name: DICKERSON, ROBY

Address: 7400 STATE ROAD 21 Address: 350 S LAWRENCE BLVD. UNIT A City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete Title: T (X) Change () Addition

Name:ETHERIDGE, DEBORAH JName:ETHERIDGE, DEBORAHAddress:50 SE 50TH STREETAddress:50 SE 50TH STREET

City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JENNIFER NORTON V 04/11/2007