
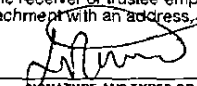


FILED  
Jun 02, 2003 8:00 am  
Secretary of State

06-02-2003 90198 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000004607</b>			
1. Entity Name <b>KEYA CORPORATION</b>			
Principal Place of Business 8901 FRONT BEACH RD. PANAMA CITY, FL 32407		Mailing Address 8901 FRONT BEACH RD. PANAMA CITY, FL 32407	
2. Principal Place of Business		3. Mailing Address <b>1125 E. Church St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Jasper, GA</b>	
Zip	Country	Zip	Country
		<b>30143</b>	<b>USA</b>
4. FEI Number <b>59-3613563</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SEGRS, SOWELL, STEWART &amp; JOHNSON PA 626 LUVERNE AVE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, LATA P 1125 E. CHURCH ST. JASPER, GA 30143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PANKAJ JITENDRA PATEL, PANKAJ 8901 FRONT BEACH RD. PANAMA CITY, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: 		5-28-03 706-253-2533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
LATA. P. PATEL			

CR2E034 (10/02)