2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2006 08:00 AM **DOCUMENT # P00000029749** Secretary of State KEY KNOWLEDGE INSURANCE, INC." Principal Place of Business Mailing Address 9101-C SOUTHWEST 19TH PLACE 9101-C SOUTHWEST 19TH PLACE FORT LAUDERDALE, FL 33324 FORT LAUDERDALE, FL 33324 03202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0991234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYALS, MARIA DO NOT WRITE 9101 SW 19TH PLACE UNIT C IN THIS SPACE FORT LAUDERDALE, FL 33324 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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE IJŨŨŨŨŨŨ<u>473</u>933 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 b4/1Ö/Ü8-8ÖÜZ3-021 150.80 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME RYALS, MARIA A STREET ADDRESS 9101-C SOUTHWEST 19TH PLACE CITY-SI-ZIP FORT LAUDERDALE, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 propowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

Dyour

3/20/2006

(954) 382-5259

FILED