2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Narr DOVE KE Principal Ptac 858 S.W.111	DOCUMENT # P0000052830 I. Entity Name DOVE KEY TOWNHOMES, INC. Principal Place of Business Mailing Address 858 S.W.11TH STREET T.LAUDERDALE, FL 33315 Mailing Address FT.LAUDERDALE, FL 33315			FILED 05 APR 15 PM 1: 55 SEURETARY OF STATE TALLAHASSEE, FLORIDA			
DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent				01042005 4. FEI Number 65-1019	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
858 S.W.1	WILLIAM M 1TH STREET ERDALE, FL 33315	DO NOT WRITE IN THIS SPACE					
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Re							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D ROGERS, WILLIAM M 858 S.W.11TH STREET FT.LAUDERDALE, FL 33315	RECTORS		1.	າດດຽວເ	167261	
TITLE NAME STREET ADORESS CITY-ST-ZIP		100052067261 04/26/0501010006 **500.00 DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s			Bula			
NAME Street address City-St-Zip	portific that the info — Are a second					}	
12. I hereby certify that the information surplied 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 of fusite 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 attackment with an address, with all other like empowered. SIGNATURE: SIGNATURE							