2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000078701

1. Entity Name
CROSS KEY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
610 SEA TURTLE WAY PLANTATION, FL 33324	610 SEA TURTLE WAY PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

04222007   No Chg-P   CR2E034 (11/05)

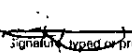| 4. FEI Number 65-1049294	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHRISTOPHER P
11098 BISCAYNE BLVD, SUITE 205
MIAMI, FL 33161

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000733826
05/09/07-80102-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHARLEMAGNE, MICHEL
STREET ADDRESS	610 SEA TURTLE WAY
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: 4-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #