

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000015806</b>		
1. Entity Name <b>KEYSTONE/GUNN HIGHWAY DEVELOPMENT CORPORATION</b>		
Principal Place of Business <b>3821 HENDERSON BLVD. TAMPA, FL 33629</b>		Mailing Address <b>1525 W. HILLSBOROUGH AVE TAMPA, FL 33603</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04252008 No Chg-P CR2E034 (11/05).
4. FEI Number <b>03-0465319</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>REIBER, SAM I 3821 HENDERSON BLVD. TAMPA, FL 33629</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <i>[Signature]</i> <b>D.S. MALHI</b> <b>April 28, 2008</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MALHI, D S 1515 RICHLAND ROAD YUBA CITY, CA 95993</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDI, B S 11630 GREENSLEEVE AVE. TAMPA, FL 33608</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>[Signature]</i> <b>(D.S. MALHI)</b> <b>April 28, 2008</b> <b>(530)-218-3836</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		