## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2007 08:00 AM DOCUMENT # P01000021911 Secretary of State KEY CONSTRUCTION OF THE BAHAMAS, INC. Principal Place of Business Mailing Address 126 YANCY CIRCLE **PO BOX 143** SATSUMA FL 32189 SATSUMA FL 32189 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Number Applied For 59-3728284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'NEAL, PATRICK ESQ Street Address (P.O. Box Number is Not Acceptable) 2900 EAST OAKLAND PARK BLVD THIRD FLOOR FORT LAUDERDALE FL 33306 City 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 Signature, typed or printed norne of registered agent and title it applicable. (NOTE: Registered Agant signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delcte INLE ☐ Change KEY, ELVIS NAME NAME U00000717923 126 YANCY CIRCLE STREET ADDRESS STREET ADDRESS 05/01/07-80001-013 150.00 SATSUMA FL 32189 CITY-ST-7(P CITY-ST-7IP THE Defete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME НАМГ STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP TITLE Delete IIIIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7#P 11111 THILE ☐ Delete Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND WHED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

april 14,2007

FILED