FROM :

FAX NO. :

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90278 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022866

1. Entity Name
KEYS PHARMACEUTICAL RESEARCH ORGANIZATION, INC.

40086936

Principal Place of Business
~~2855 OVERSEAS HWY~~ 5701 OVERSEAS HWY, SUITE 17
MARATHON, FL 33050

Mailing Address
~~2855 OVERSEAS HWY~~ 5701 OVERSEAS HWY SUITE 17
MARATHON, FL 33050

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04272006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-1113305

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
9711 OVERSEAS HWY, STE 5
MARATHON, FL 33050

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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: _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	NAEDER, LINDA M
STREET ADDRESS	2855 OVERSEAS HWY
CITY ST ZIP	MARATHON, FL 33050
TITLE	D
NAME	NAEDER, LINDA M
STREET ADDRESS	2855 OVERSEAS HWY
CITY ST ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: L Naeder — 26 Apr 06 — 305-289-8929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #