


**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90145 045 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000044401</b>			
1. Entity Name <b>LONG KEY ASSET MANAGEMENT, INC.</b>			
Principal Place of Business <b>1135 PASADEN AVE SO # 105 SAINT PETERSBURG, FL 33707</b>		Mailing Address <b>1135 PASADEN AVE SO # 105 SAINT PETERSBURG, FL 33707</b>	
2. Principal Place of Business  Suite, Apt. #, etc. <b>#105</b> City & State  Zip  Country		3. Mailing Address  Suite, Apt. #, etc. <b>#105</b> City & State  Zip  Country	
08192005		Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3735642</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERGER, TODD 810 63 AVE NORTH ST PETERSBURG, FL 33702</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Steven E. Stewart</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ---	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PST STEWART, STEVE E 250 JULIA CIRCLE SOUTH ST PETE BEACH, FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied 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 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: <u>Steven E. Stewart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08-22-05 <small>Date Daytime Phone #</small>	

**50063806**

