


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90071 028 \*\*\*158.75

<b>DOCUMENT # P01000047673</b> 1. Entity Name <b>MARY KEY &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>2914 ALLINE AVENUE TAMPA, FL 33611-2802</b> <i>4230 S. MacDill Ave. Ste. 204 Tampa FL 33611</i>	Mailing Address <b>2914 ALLINE AVENUE TAMPA, FL 33611-2802</b>
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01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-3720194</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>ARROVICH, CHRISTIE D</b> <b>1409 SWANN AVENUE</b> <b>TAMPA, FL 33606</b> <i>Mary Key 2914 Alline Avenue Tampa, FL 33611</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>Mary Key</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Mary Key</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE <i>1/12/06</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, MARY PH.D 2914 ALLINE AVENUE TAMPA, FL 336112802
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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: <i>Mary Key, Ph.D.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Mary Key, Ph.D.</i> <small>Date</small> <i>1/12/06</i> <small>Daytime Phone #</small> <i>813-831-9500</i>