2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an a

SIGNATURE AND TYPED OF

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P01000066921 1. Entity Name 04-07-2004 90019 001 ***150.00 KEY TELECOMMUNICATIONS SOLUTIONS, INC. Principal Place of Business Mailing Address 1211 N. 13TH ST. 1211 N. 13TH ST. 9404000-JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3731129 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELUCA, ANTONIO J JR 1211 N. 13TH ST. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32250 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 name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT Change Addition TITLE ☐ Delete TITLE DELUCA, ANTONIO J JR NAME 1211 N. 13TH ST. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-ZIP vs TITLE Delete ☐ Change Addition MAY, ELIZABETH S NAME NAME STREET ADDRESS 1211 N. 13TH ST. STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not entailly 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

TEGRAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #