2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P01000085910 04-27-2007 90246 001 ***150.00 KEYSTONE ASSETS & SERVICES, INC. 04-27-2007 90246 002 *****8.75 Mailing Address Principal Place of Business C/O D. CHAPMAN 1623 WINDSOR DR. CLEARWATER, FL 33755 2336 CHAUCER ST CLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # Mailing Address DILL AUG. 2336 CHAUCER 225 Suite, Apt. #, etc. 04112007 CR2E034 (12/06) Chg-P 4 FEI Number Applied For 59-3743488 Not Applicable \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RICHARD CHAPMAN, DANE 2336 CHAUCER ST CLEARWATER, FL 33765 2376 CHAUCER 8. The above named entity submits this statement for the purpose of changing its registered office or regist n the State of Florida. the obligations of registered agent SIGNATURE . Signature, typed or printed frame of registered agent and title it aupilicable (NOTE: Registered Agent signature required when renistating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete TITLE ☐ Addition TATLE Change RICHARD CHAPMAN, DANE NAME STREET ADDRESS 3816 W. LINEBAUGH AVENUE #200 STREET ADDRESS 2336 CHAUCER CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33624 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED