

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90040 011 \*\*\*550.00

<b>DOCUMENT # P01000115345</b> 1. Entity Name <b>KEYS LAND KINGS, INC.</b>					
Principal Place of Business <b>1 LAS OLAS CIRCLE UNIT 608 FT. LAUDERDALE, FL 33316 US</b>			Mailing Address <b>451 ATTWELL DR REXDALE, ON M9W 5C4</b>		
2. Principal Place of Business <b>1 East Broward Blvd</b> Suite, Apt. #, etc. <b>SUITE 700</b> City & State <b>FT. Lauderdale, FL</b> Zip <b>33301</b> Country <b>USA</b>		3. Mailing Address <b>1 East Broward Blvd</b> Suite, Apt. #, etc. <b>SUITE 700</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33301</b> Country <b>USA</b>			
4. FEI Number <b>90-0105893</b>		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>KELLER, JAMES R ESQ 10977 OVERSEAS HWY MARATHON, FL 33050</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST FORBES, SCOTT 1 LAS OLAS CIRCLE, UNIT 608 FT. LAUDERDALE, FL 33316</b> <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 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.					
<b>SIGNATURE:</b>  <b>SCOTT FORBES, Director</b> <b>May 8, 06</b> <b>416-213-8318</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					