## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2006 08:00 AM Secretary of State

| <b>DOCUMENT</b> | ‡P02000013425 |
|-----------------|---------------|
|-----------------|---------------|

1. Entity Name KEY ENTERPRISE NETWORK, INC.

Principal Place of Business

CLEARWATER, FL 33763

Mailing Address

2536 COUNTRYSIDE BOULEVARD FOURTH FLOOR

2536 COUNTRYSIDE BOULEVARD FOURTH FLOOR

CLEARWATER, FL 33763



## DO NOT WRITE IN THIS SPACE

| 03132006 No Chg-P | CR2E034 (11/05) |  |  |
|-------------------|-----------------|--|--|
| 4. FEI Number     | Applied For     |  |  |
| 56-2308256        | Not Applicable  |  |  |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NORTH, HEATHER L 2536 COUNTRYSIDE BOULEVARD

## DO NOT WRITE

|  | DURTH FLOOR<br>LEARWATER, FL 33763   |  | IN THIS SPACE                      |   |
|--|--|--|------------------------------------|---|
|  | named entity submits this statement for the pations of registered agent              | ourpose of changing its registered office                | e or registered agent, or both,    | in the State of Florida. I am familiar with, and accept |
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title                       | f applicable (NOTE: Registered Agent sk                  | gnature required when reinstating) | DATE  |
| Fil.<br>After M                                | E NOWIII FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00                          | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be Added to Fees        |   |
| 10.  | OFFICERS AND DIREC   | CTORS  |                                    |   |
| TITLE<br>Name<br>Street Address<br>City-St-Zip | D<br>BOESCH, KENNETH W JR.<br>2536 COUNTRYSIDE BLVD., FOURTI<br>CLEARWATER, FL 33763 | H FLÖOR  |                                    | U00000494180<br>04/20/06-80035-008 150.                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |                                    |   |
| title<br>Name<br>Street Address<br>City-St-ZTP |  |  | DO I                               | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHTY-ST-ZIP |  |  | IN T                               | HIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | ·  |                                    |   |
| IITLE<br>NAME<br>SINEET AUDRESS                |  |  |                                    |   |

12. I hereby certify that the information sup-indicated on this report or supplemental of the corporation or the receiver of the changed, or on an attachment with a predoes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

K.W. Bossay, JR 4/4/06