2005 FOR PROFIT CORPORATION

Apr 11, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000058253** 04-11-2005 90193 048 ***150.00 KEY REALTY OF ORLANDO, INC. Principal Place of Business Mailing Address 5100 W. COLONIAL DRIVE 51(1) W. COLONIAL DRIVE ORLANDO, FL 32808 OR!ANDO, FL 32808 3. Mailing Address 2. Frincipal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 CR2E034 (10/03) Chg-P C ty & State City & State 4. FEI Number Applied For 01-0714784 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATZ, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 28() EAST COMMERCIAL BLVD. STH 208 FT. LAUDERDALE, FL 33308 Zip Code City 5: 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. `⊋iGi∛ATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Ifter May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE QUANG, VON NAME NAME 7143 SOMERSWORTH DRIVE STREET ADDRESS STREE ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32835 ☐ Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREE ADDRESS CITY-ST-ZIP CITY - - [-7]P ☐ Addition Delete TIFLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- 1-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREE" ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREE: ADDRESS STREET ADDRESS CITY-17-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Dafete TITLE

hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREE ADDRESS

CITY-1T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED