2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063701

1. Entity Name

KEY LARGO REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

1001 E. ATLANTIC AVE.

SUITE 202

DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET STREET

SUITE 300

PORTSMOUTH, NH 03801





DO NOT WRITE IN TH	IS	SPACE
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CR2E034 (11/05) 01192006 No Chg-P

4. FEI Number 65-1145247 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

		1			
The above named entity submits it the obligations of registered agent		se of changing its registered of	içe or r	egistered agent, or bolf	o, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name	e of registered agent and title if applic	able (NOTE: Registered Agen	l signatule	required when reinstating)	DATE
FILE NOW!!! FEE IS After May 1, 2006 Fee wi	* 190,00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. C	FFICERS AND DIRECTOR	S			
NAME CRITCHFIELD, RIC STREET ADDRESS 1001 E. ATLANTIC CRIT-ST-ZP DELRAY BEACH, F	AVE.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/10/06-80032-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIT				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	THIS SPACE
WILE NAME SIREEI ADDRESS CYTY-SI-ZIP TICLE					

12. I hereby certify that the information supplied with this filling does not quality 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 attachnifely) with an addressity with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

279-99dx