2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90074 034 ***150.00

DOCUMENT # P02000097658 1. Entity Name CREATIVE KEYS, INC.						04-16-2007 90074 034 ***150.00			
Principal Plac	e of Business	Mailing Address			40	በዮሮጋላ፣			
1602 VIRGINA ST DUNEDIN, FL 34698		1602 VIRGINA ST Dunedin, FL 34698							
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.			03192007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 27-003			No	plied For t Applicable
Zip	Country	Zip	Coun	try		of Status Desired	Fee	75 Add Required	
	6. Name and Address of Current		7. Name and Address of Registered Agent						
WILKENSON, SMOLINJKY CONFECTED 1600 WALNUT STREET WOLL Chaw				Name JUJON WILKENDON - SMOLINSKY					
1600 WAL	Not Cha	yed	Street Addre	ss (P.O. Box Numbe	er is Not Acceptable	le)			
				City			FL	Zip Code	9
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or regi	istered agent, or bol	h, in the State of Fl	lorida. I am famil	iar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered	d Agent signature req	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu									
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.				\$5.00 May Be Added to Fees				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	OO Trust Fund Contr			Added to Fees	CHANGES TO OF	FICERS AND DIR	ECTORS	3 IN 11
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indereuy 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

SIGNATURE: _

FAUS.
TED NAME OF SIGNING OFFICER OR DIRECTOR