2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

Mailing Address 1900 W. COMMERCIAL BLVD. SUITE 200 FT, LAUDERDALE, FL 33309 Suite Appl. #. etc.	DOCUMENT # P0300004491 1. Entity Name KEENAN VISTA, INC.							04-24-2006 \$	90352 00	19 ***150	9.00	
F. LAUDERDALE, FL 33309 2. Principal Place of Business Suffe, Apil. #, etc. Sulte, Apil. #, etc. City & State Surface of States Desired St	Principal Place of Business Mailing Address											
Siller, Apil. 4, etc. City & State						SUITE 200						
Sulfer, Apt. #, etc. City & State	, , , , , , , , , , , , , , , , , , , ,							III A 1917) A RAYA GARA A RAY	N BBIII BBIA BA	IL Berio (biolei)		
City & State City & FL Zip Code City & State of Current Registered Agent City & FL Zip Code City & FL	2. Principal Place of Business			3. Mailing Address								
A 7-0905821 S. Certificace of Status Desired Season	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182006	Chg-P	CR2E0	34 (11/05)		
Country Country Cip Country St. Certification of Status Desired \$8.75 Additional Fee Required See	City & State			City & State				821			·	
Stered Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	Zip Country			Zip Count		try	5. Certificate of Status Desired \$8.75			\$8.75 Add	ditional	
Name	6. Name and Address of Current			tered Agent						<u> </u>	<u> </u>	
SITE ADDITIONS (P.O. Box Number is Not Acceptable) City FL Zip Code						Name						
City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiate with, and accept the obligations of registered agent. SIGNATURE Signature S	500 E. BROWARD BLVD., SUITE 1950					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Squaxe, typed or present name of registered agent and like if dipplicate. (NOTE flogramed Agent squaxer required when revisiting) DATE	FT. LAUDI	ERDALE FL 33394										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE						City			FL	Zip Cod	e	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	STREET ADDRESS				STRE	ET ADDRESS						
	Crty-St-Zip				CITY	-ST-ZIP						

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 all other like empowered.

GNATURE:

GNATURE:

SIGNATURE STATUTE AND TYPE OF STATUTE AND TYPE O

SIGNATURE: _

NAME OF BIGNING OFFICER OR DIRECTORAR U.F.

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