2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300004491

1. Entity Name

KEENAN VISTA, INC.

Principal Place of Business

Mailing Address

1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309

FILED Apr 22, 2008 08:00 AN Secretary of State



03112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 47-0905821 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEENAN VISTA INC.

SIGNATURE:

ALLANDE OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

BOYLE, CONRAD J 500 E. BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

March 31, 2008

Dale

(954) 776-6700

Daytime Phone #

8. 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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ping	\$5.00 May Be Added to Fees	U00000913506	
10.	OFFICERS AND DIREC	TORS			05/08/08-80019-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHYNOWETH, DALE 1900 W. COMMERCIAL BLVD., SUITE FT. LAUDERDALE, FL 33309	E 200	·	, 6 n,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, WILLIAM 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAO HOGUE, CHANTAL 1900 W COMMERCIAL BLVD STE 200 FORT LAUDERDALE, FL 33309			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-SI-ZIP						
12. I hereby 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 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.						