2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004810

Entity Name: BUSINESS KEEPER INC.

FILED Feb 09, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3700 SOUTH OCEAN BLVD
1610
1610 DOELEMEYER
HIGHLAND BEACH, FL 33487
HIGHLAND BEACH, FL 33487
HIGHLAND BEACH, FL 33487

Current Mailing Address: New Mailing Address:

3700 S. OCEAN BLVD
1610
1610 DOELEMEYER
HIGHLAND BEACH, FL 33487
3700 SOUTH OCEAN BLVD
1610 DOELEMEYER
HIGHLAND BEACH, FL 33487

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOELEMEYER, HANS J DR
3700 S. OCEAN BLVD
1610

DOELEMEYER, HANS J DR.
3700 S. OCEAN BLVD
1610

HIGHLAND BEACH, FL 33487 US HIGHLAND BEACH, FL 33487 US

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.

SIGNATURE: DR.HANS J. DOELEMEYER 02/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: TUR, KENAN Name: DOELEMEYER, HANS J DR.
Address: VIRCHOWSTR. 5 POTSDAM Address: 3700 S. OCEAN BLVD
City-St-Zip: GERMANY D-14482, 33064 City-St-Zip: HIGHLAND BEACH, FL 33487

Title: SD (X) Delete Title: () Change () Addition

 Name:
 DOELEMEYER, HANS J DR
 Name:

 Address:
 3700 S. OCEAN BLVD # 1610
 Address:

 City-St-Zip:
 HIGHLAND BEACH, FL 33487
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. HANS J. DOELEMEYER PD 02/09/2008