


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000021328</b><br>1. Entity Name<br><b>KEY CONTROL TECHNOLOGIES, INC.</b> |  |
|---|---|

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| Principal Place of Business<br><b>1517 SE 11TH STREET<br/>OCALA, FL 34471 US</b> | Mailing Address<br><b>1517 SE 11TH STREET<br/>OCALA, FL 34471 US</b> |
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01062006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>57-1152610</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |  |
|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|--|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>LANIER, DONNA M<br/>1517 SE 11TH STREET<br/>OCALA, FL 34471</b> |
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IN THIS SPACE**

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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

|  |  |
|--|--|
| <b>10. OFFICERS AND DIRECTORS</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>LANIER, DONNA M<br/>1517 SE 11TH STREET<br/>OCALA, FL 34471</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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UD00007448560  
03/09/06-80018-015 158.75

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12. I hereby 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:** *Donna Lanier* **2-22-06 352-817-6022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #