2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

·
1001 MENT # 003000138802
OCUMENT # P03000038892

1. Entity Name

IT HOLDINGS KEYSTONE, INC.



Principal Place of Business

9551 E BAY HARBOR DR BAY HARBOUR ISLANDS, FL 33154 Mailing Address

9551 E BAY HARBOR DR BAY HARBOUR ISLANDS, FL 33154



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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4.	FEI Number		Applied For	
-	51-0462068			Not Applicable
5.	Certificate of Status Desired		\$8.75 Fee Re	Additional quired

Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE SE 3 AVE 28 FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT MGR TAUBER, IRWIN E 9551 EAST BAY HARBOR DR BAY HARBOR, FL 33154	CTORS			U00000724103	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					05/02/07-80097-023 158.7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4112/07

305 861 8181

Daytime Phone #