

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90008 038 ***150.00



DOCUMENT # P03000071259
 1. Entity Name
KEYSTONE PORTFOLIO MANAGEMENT, INC.

Principal Place of Business
**301 EAST PINE STREET
 SUITE 150
 ORLANDO, FL 32801**

Mailing Address
**301 EAST PINE STREET
 SUITE 150
 ORLANDO, FL 32801**

2. Principal Place of Business
6239 Edgewater Dr.

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite N2-3

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32810

Country
USA

Zip

Country

05252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**STEVENS, LOUIS A
 2513 MAITLAND CROSSING WAY STE 14-311
 ORLANDO, FL 32810**

4. FEI Number
01-0788716

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Lori O. Ste...* DATE 5-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. <input type="checkbox"/> Delete STEVENS, LOUIS A 2513 MAITLAND CROSSING WAY STE 14-311 ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lori O. Ste...* DATE 5-25-05 321-206-6338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #