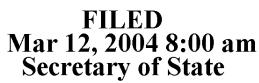
2004 FOR PROFIT CORPORATION



ANNUAL REPURI					Secretary of State			
DOCUMENT # P03000081883 1. Entity Name KEOSTAR GROUP, INC.					03-12-2004 90043 005 ***150.00			
Principal Place of Business 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232		Mailing Address 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232		£ 1 11 111	94028496			
2. Principal Place of Business 407 LJWLOLW ROAD Suite, Apt. #, etc.		3. Mailing Address 407 LIWCOLW ROAD Suite, Apt. #, etc.		10	02252004 Chg-P CR2E034 (10/03)			
SUITE # 6N City & State MIAMI BEACH, FL		SUITE # 6 N City & State AIAMI BEACH, FL		4. FEI Num		<u>`</u>	Applied For Not Applicable	
Zip 331	Country	Zip 33139	Country USA		ite of Status Desired		Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name SHORTT, KERRI				
SHORTT, KERRI , 301 N. CATTLEMEN ROAD SUITE 205			Street A	Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34232			50-	SUITE # 6N				
•				City Tip Code				
8. The above named exiting submits this statement for the purpose of changing its registered office or registered agent, or both, in the								
the obligati	ions of registered agent.		1 SHO			MAR-2	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a		<u> </u>	ire required when reinstating)	· (O)	DATE	<u> </u>	
*								
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
• 10.	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 11	
TITLE	P	☐ Delete	TITLE	P		K Ch	ange 🔲 Addition	
NAME	SHORTT, KERRI		NAME	SHORTT,	KEKKI	SOTTE	#6~	
STREET ADORESS City-St-Zip				ET ADDRESS 407 LINCOLN ROAD STITE #6N -ST-ZIP MIAMI BEACH, FL 33137				
TITLE				MIAMI D	EACH, FC	<i>2 2/ 3 7</i> ⊠ Ch	ange 🗀 Addition	
NAME	V ; ↓ □ Delete T ORRISS, MICHAEL			ORRISS,	MI (HAEL			
STREET ADDRESS	•			407 LI	NCOLN RO	AD SUIT	E #6N	
CITY-ST-ZIP	ATY-ST-ZIP SARASOTA, FL 34232 CII				BEACH, FC			
TITLE	_	☐ Delete	TITLE			☐ Ch	ange	
NAME ~	A 7. 7	• • • • •	NAME			-		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	-	Delete	TITLE			Ch	ange 🔲 Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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		☐ Delete	TITLE				ange	
TITLE NAME		LI Delete	NAME			☐ Ch	iange LI AUUILION	
SIRFET ADDRESS			STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-MAR-CU

365-538-370