


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 032 ***150.00

DOCUMENT # P04000013762	
1. Entity Name THE KEYNOTE GROUP, INC.	

Principal Place of Business 2520 MARINA BAY DRIVE EAST, #202 FT. LAUDERDALE, FL 33312	Mailing Address 2520 MARINA BAY DRIVE EAST, #202 FT. LAUDERDALE, FL 33312
---	---

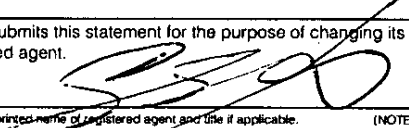
2. Principal Place of Business - No P.O. Box # 61 SW 94th TERRACE	3. Mailing Address 61 SW 94th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33324	Country DOWARD
Zip 33324	Country DOWARD



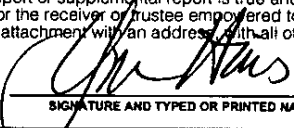
03052008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BALDOVIN, PAUL A JR 1515 NORTH FEDERAL HWY SUITE 105 BOCA RATON, FL 33432	
---	--

7. Name and Address of New Registered Agent Name COREY E. LEVINE Street Address (P.O. Box Number is Not Acceptable) 15300 JOE ROAD, #208 City DELRAY BEACH FL Zip Code 33446	
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  DATE 3/5/08	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS HARRIS, YOLANDA D 2520 MARINA BAY DRIVE EAST, #202 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS Harris, Yolanda D. 61 SW 94 th Terrace Ft. Lauderdale, FL 33324 <input checked="" 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
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
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
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
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 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: 	3/31/08 954-791-7791 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	