2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040563



FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90352 005 ***150.00

| Zip Country Zip Country S. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name BOYLE, CONRAD J 500 E BROWARD BLVD STE 1950 FT LAUDERDALE, FL 33394 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 Fiorida. I am familiar with, and a the obligations of registered agent. SIGNATURE Square, yped or zoned rance of registered agent a | 1. Entity Nam KEENAN | | EMENT, INC. | | | | | | | | | | | | |
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| City & State State Country State Country State Country State Country State Country State St | 2. Principal Place of Business 3. | | | | . Mailing Address | | | | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S8.75 Additiona Per Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name BOYLE, CONRAD J 500 E BROWARD BLVD STE 1950 FT LAUDERDALE, FL 33394 City FL Zip Code 6. 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 a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligations of registered agent. Or both, in the State of Florida. I am familiar with, and a state obligation of registered agent. Or both, in the State of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a state of Florida. I am familiar with, and a | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04182006 | Ch | g-P | CR2E | 034 (11/05 |) | |
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| BOYLE, CONRAD J 500 E BROWARD BLVD STE 1950 FT LAUDERDALE, FL 33394 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 a the obligations of registered agent. SIGNATURE Speauve, typed or proad name of registered agent and ice of applicable. (NOTE: Registered Agent signature required when retraining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Committudion. Delate TILE CHYNOWETH, DALE SIRET ADDRESS TITLE D CHYNOWETH, DALE SIRET ADDRESS CITY-ST-2P TITLE D CHANGE SIRET ADDRESS CITY-ST-2P TITLE MAKE MA | Zíp | Country | | | Zip | Count | try | | 5. Certificate | of Status | Desired | | | | |
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| 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 a fixe debligations of registered agent. SIGNATURE Signature, typed or protect name of registered agent and take if applicable. (NOTE Registered Agent agritude required when requisition) After May 1, 2006 Fee will be \$550.00 TILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \$5,00 May Be Added to Fees Added | | | | | | | | | | | | | | | |
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| 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. | NAME STREET ADDRESS CITY+ST+ZIP | certify that the | e information sunnlied | with this fi | | NAME Stree City- | E Et address - St - Zip | nined | in Chapter 119 |) Florida | Statutes | I further co | | Add | |

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:

NAME OF SIGNING OFFICER OR DIRECTOR V.P.

apr 18/06

Daytime Phone #