2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 07, 2008 08:00 AN Secretary of State DOCUMENT # P04000073963 1. Entity Name CONSTRUCTION KEYS CORP. Principal Place of Business Mailing Address 2 NORTH END RD PO BOX 74 KEY LARGO, FL 33037 KEY LARGO, FL 33037 02282008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1108219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORREA, FRANCISCO DO NOT WRITE 2 NORTH END RD KEY LARGO, FL 33037 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE CORREA, FRANCISCO NAME STREET ADDRESS 2 NORTH END RD // U00000850100 // 03/21/09+80049-016 ;150:00+ CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 the address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY+ST-7/P

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone €