

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 008 ***150.00

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02172007 Chg-P CR2E034 (12/06)

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|--|-------------------------------------|---|---|---|--|
| DOCUMENT # P04000079969 | | | |  | |
| 1. Entity Name KEY'S GATEWAY INVESTMENT CORPORATION | | | | | |
| Principal Place of Business 82661 OVERSEAS HWY ISLAMORADA, FL 33036 | | | Mailing Address 82661 OVERSEAS HWY ISLAMORADA, FL 33036 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-5678337 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LERCH, DAROLD L 82661 OVERSEAS HWY ISLAMORADA, FL 33036 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | P | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LERCH, DAROLD L | | NAME | MARC LAPOINTE | |
| STREET ADDRESS | 82661 OVERSEAS HWY | | STREET ADDRESS | 82661 Overseas Hwy | |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 | | CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAMPBELL, LAWRENCE | | NAME | Stefanie Star | |
| STREET ADDRESS | 82661 OVERSEAS HWY | | STREET ADDRESS | 82661 Overseas Hwy | |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 | | CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | S/T | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEPHENS-LERCH, SUZANNE E RN | | NAME | | |
| STREET ADDRESS | 360 MAHOGANY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u><i>Darold Lerch</i></u> <u><i>Pres Feb 19, 07</i></u> <u><i>305 664 4008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |