

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 001 ***150.00

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DOCUMENT # P04000097853
 1. Entity Name
 LOST KEY TELECOM, INC.



Principal Place of Business Mailing Address
 P.O. BOX 34474 P.O. BOX 34474
 PENSACOLA, FL 32507-4474 PENSACOLA, FL 32507-4474

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 02-0725429 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WATSON, KRISTIE L
 3048 COBBLESTONE DRIVE
 PACE, FL 32571

7. Name and Address of New Registered Agent
 Name *STEVEN T WATSON*
 Street Address (P.O. Box Number is Not Acceptable)
5783 GRANDE LAGOON BLVD
 City *PENSACOLA* FL Zip Code *32507*

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]* DATE *3-14-06*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WATSON, KRISTIE L	
STREET ADDRESS	PO BOX 34474	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, KRISTIE L	
STREET ADDRESS	PO BOX 34474	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN T. WATSON	
STREET ADDRESS	PO BOX 34474	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYNN J. WATSON	
STREET ADDRESS	P.O. Box 34474	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* DATE *3-14-06* DAYTIME PHONE # *850-698-6825*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR