

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 23, 2006
Secretary of State**

DOCUMENT# P04000097853

Entity Name: LOST KEY TELECOM, INC.

Current Principal Place of Business:

P.O. BOX 34474
PENSACOLA, FL 325074474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34474
PENSACOLA, FL 325074474

New Mailing Address:

FEI Number: 02-0725429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, STEVEN T
5783 GRANDE LAGOON BVD
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WATSON, KRISTIE L
Address: PO BOX 34474
City-St-Zip: PENSACOLA, FL 32507 US

Title: P () Delete
Name: WATSON, STEVEN T
Address: PO BOX 34474
City-St-Zip: PENSACOLA, FL 32507

Title: S (X) Delete
Name: WATSON, MARILYNN J
Address: PO BOX 34474
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WATSON, STEVEN T
Address: PO BOX 34474
City-St-Zip: PENSACOLA, FL 32507 US

Title: VP (X) Change () Addition
Name: WATSON, MARILYNN J
Address: PO BOX 34474
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN T. WATSON

P

10/23/2006

Electronic Signature of Signing Officer or Director

_____ Date