2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110460

Entity Name: KEYSTROKE SERVICES, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6107-D MEMORIAL HIGHWAY TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 6107-D MEMORIAL HIGHWAY TAMPA, FL 33615 FEI Number: 41-2144977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY SUITE 301 SAFETY HARBOR, FL 34695 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NEILL, DONALD Name: Name: NEILL, DON F 6107-D MEMORIAL HIGHWAY 6107-D MEMORIAL HIGHWAY Address: Address: City-St-Zip: TAMPA, FL 33615 US City-St-Zip: TAMPA, FL 33615 US Title: VP D Title: () Delete () Change () Addition Name: BISSON, PHILIP G Name: 6 HILGROVE STREET, 2ND FLOOR Address: Address: ST. HELIER JERSEY, JE JE4 9ZH CI City-St-Zip: City-St-Zip: () Delete Title: Title: T D () Change () Addition CROWLEY, EAMONN Name: Name: 6 HILGROVE STREET, 2ND FLOOR Address: Address: ST. HELIER JERSEY, JE JE4 9ZH CI City-St-Zip: City-St-Zip: Title: SD () Delete Title: () Change () Addition PARKER, OLIVER P Name: Name: Address: 6 HILGROVE STREET, 2ND FLOOR Address: City-St-Zip: ST. HELIER JERSEY, JE JE4 9ZH CI City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DON F. NEILL P 04/11/2005