Apr. 26. 2006 3:15PM LUNDY & SHACTER PA

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90237 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115228

1. Entity Name
KEYS TO COMMUNICATION, INC

Principal Place of Business
8290 LAKE DR., APT 439
MIAMI, FL 33166

Mailing Address
8290 LAKE DR., APT 439
MIAMI, FL 33166

400084750

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
50 SW 10th STREET		50 SW 10TH STREET	
Suite, Apt. #, etc. 504		Suite, Apt #, etc 504	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33130	Country U.S.A	Zip 33130	Country U.S.A

4. FEI Number 77-0645979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAULSON, KRISTIN
8290 LAKE DR., APT. 439
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name PAULSON, KRISTIN
Street Address (P.O. Box Number is Not Acceptable)
50 SW 10th STREET, APT. 504
City MIAMI FL Zip Code 33130

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 ________________ 4/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULSON, KRISTIN 8290 LAKE DR., APT 439 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULSON, KRISTIN 50 SW 10th STREET, APT 504 MIAMI, FL 33130	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ________________ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #