


FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90039 044 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---|---|--|--|-------------------------|
| DOCUMENT # P04000115228 | | | |  | |
| 1. Entity Name KEYS TO COMMUNICATION, INC. | | | | | |
| Principal Place of Business 50 SW 10TH ST (50 S.W. 10th St.) SUITE 504 MIAMI, FL 33130 | | | Mailing Address 50 SW 10TH ST (50 S.W. 10th St) SUITE 504 MIAMI, FL 33130 | | |
| 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 |
| 6. Name and Address of Current Registered Agent PAULSON, KRISTIN 50 SW 10TH ST SUITE 504 MIAMI, FL 33130 | | | | 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 | | 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 NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Delete PAULSON, KRISTIN 50 SW 10TH ST SUITE 504 MIAMI, FL 33130 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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>Kristin Paulson</i></u> | | | Date: <u>4-29-07</u> | | Uppercase Phone # _____ |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Uppercase Phone # |