## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000116408

Address:

City-St-Zip:

30981 BAYSHORE DR

BIG PINE KEY, FL 33043

Entity Name: KEYS HOME THEATER, INC.

FILED Mar 07, 2007 Secretary of State

| Entity Na                                     | me: KEYSHC                                               | DME THEATER, INC.                |                                             |                                              |  |
|-----------------------------------------------|----------------------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business:          |                                                          |                                  | New Principal Place of Business:            |                                              |  |
| 1104-C KE<br>KEY WES                          | EY PLAZA<br>T, FL 33040                                  |                                  |                                             |                                              |  |
| Current Mailing Address:                      |                                                          |                                  | New Mailing Address:                        |                                              |  |
| 1104-C KE<br>KEY WES                          | EY PLAZA<br>T, FL 33040                                  |                                  |                                             |                                              |  |
| FEI Number                                    | : 51-0517307                                             | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |                                                          |                                  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| C/O CATA<br>506 LOUIS                         | Y, GREGORY<br>NLFOMO & FAI<br>BA STREET<br>T, FL 33040 U | RRELLY                           |                                             |                                              |  |
|                                               | e named entity :<br>e of Florida.                        | submits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                      | RE:                                                      |                                  |                                             |                                              |  |
| Electronic Signature of Registered Agent      |                                                          |                                  | ent                                         | Date                                         |  |
| Election Ca                                   | mpaign Financin                                          | g Trust Fund Contribution ( ).   |                                             |                                              |  |
| OFFICERS AND DIRECTORS:                       |                                                          |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP ( )<br>MURRAY, PAU<br>1525 ATLANTIC<br>KEY WEST, FL   | BLVD                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DST ( )<br>SMITH, STEPH<br>1525 ATLANTIC<br>KEY WEST, FL | BLVD                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | DV ( )                                                   | ) Delete<br>) IAN                | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: PAUL MURRAY P 03/07/2007