2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P04000116408

Entity Name: KEYS HOME THEATER, INC.

Current Principal Place of Business:

1824 FLAGLER AVE
PO BOX 167
KEY WEST, FL 33040

New Principal Place of Business:

1525 ATLANTIC BLVD
KEY WEST, FL 33040

Current Mailing Address:

1824 FLAGLER AVE
PO BOX 167
KEY WEST, FL 33040

New Mailing Address:

1525 ATLANTIC BLVD
KEY WEST, 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:

FARRELLY, GREGORY G
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MURRAY, PAUL M
Address: 1525 ATLANTIC BLVD
City-St-Zip: KEY WEST, FL 33040

Title: DST ( ) Delete
Name: SMITH, STEPHEN K
Address: 1525 ATLANTIC BLVD
City-St-Zip: KEY WEST, FL 33040

Title: DV ( ) Delete
Name: CALDERWOOD, IAN
Address: 30981 BAYSHORE DR
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change ( ) Addition
Name: CALDERWOOD, IAN
Address: 30981 BAYSHORE DRIVE
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify 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: PAUL M MURRAY P 04/23/2008

Electronic Signature of Signing Officer or Director — Date