2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000143451 1. Entity Name 05-08-2006 90283 035 ***150.00 D W KEYS, INC. Principal Place of Business Mailing Address 226A ST. JOE PLAZA DR., SUITE 106 226A ST. JOE PLAZA DR., SUITE 106 PALM COAST FL 32164 PALM COAST FL 32164 2. Principal Place of Business 1105 SUSHighway 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 20-1727575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Benuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEYS, DAVID W Street Address (P.O. Box Number is Not Acceptable) 11 RENN LN PALM COAST FL 32164 City 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Addition NAME KEYS, DAVID W NAME STREET ADDRESS STREET ADDRESS 226A ST. JOE PLAZA DR., SUITE 106 CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 Addition ☐ Delete TITLE THIF NAME NAME KEYS, THERESE STREET ADDRESS 18 SLUMBER PATH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED