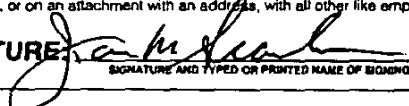


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-04-2005 90086 027 ***150.00

DOCUMENT # P04000146058				
1. Entity Name KEYS ACOUSTICS, INC.				
Principal Place of Business 17192 MARLIN DR SUMMERLAND KEY, FL 33042		Mailing Address 17192 MARLIN DR SUMMERLAND KEY, FL 33042		
2. Principal Place of Business		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		7. Name and Address of New Registered Agent		
SCANLON, JAMES M 17192 MARLIN DR SUMMERLAND KEY, FL 33042		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCANLON, JAMES M	NAME		
STREET ADDRESS	17192 MARLIN DR	STREET ADDRESS		
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042	CITY- ST- ZIP		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCANLON, CHERYL	NAME		
STREET ADDRESS	17192 MARLIN DR	STREET ADDRESS		
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042	CITY- ST- ZIP		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCANLON, MICHAEL	NAME		
STREET ADDRESS	17192 MARLIN DR	STREET ADDRESS		
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042	CITY- ST- ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		3/14/05 3057458995		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Phone #		

66012069



03142005 Chg-P CR2E034 (10/03)

4. FEI Number **56-2509581** ☒ Applied For ☐ Not Applicable

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