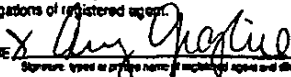


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-02-2005 90419 029 ***150.00

DOCUMENT # P04000154432 1. Entity Name KEYSTONE SPECIALTY PRODUCTS, INC.				05-02-2005 90419 029 ***13	
Principal Place of Business 5540 LAKE TERN CT COCONUT CREEK, FL 33073		Mailing Address 5540 LAKE TERN CT COCONUT CREEK, FL 33073		00010401 	
2. Principal Place of Business		3. Mailing Address		04282005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 51-0522825	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINBERG, MELVIN 1444 NW 97 TERR CORAL SPRINGS, FL 33071				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  DATE 4/28/05					
Signature typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P HAGLUND, LISA 5540 LAKE TERN CT COCONUT CREEK, FL 33073			Change Addition		
V GIGLIO, AMY 5540 LAKE TERN CT COCONUT CREEK, FL 33073			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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 the empowered.					
SIGNATURE:  DATE 4-28-05 DAYTON PHONE # 984418915					
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING OFFICER OR DIRECTOR					