

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 27, 2008
Secretary of State**

DOCUMENT# P05000098729

Entity Name: KEY RESTORATION INC.

Current Principal Place of Business:

P. O. BOX 112171
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 112171
NAPLES, FL 34108

New Mailing Address:

FEI Number: 32-0155371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, DARREN
4635 ST. CROIX LANE
#1221
NAPLES, FL 34109 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D VP () Delete
Name: RILEY, DARREN
Address: 4635 ST. CROIX LANE #1221
City-St-Zip: NAPLES, FL 34109

Title: D P () Delete
Name: KERKHOF, MATTHEW
Address: 4635 ST. CROIX LANE # 1221
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MATTHEW KERKHOF

PRES

05/27/2008

Electronic Signature of Signing Officer or Director

_____ Date