


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90214 011 \*\*\*150.00


**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P05000112126**  
 1. Entity Name  
 KEY KNOWLEDGE INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 9101-C S.W. 19TH PLACE      9101-C S.W. 19TH PLACE  
 FORT LAUDERDALE, FL 33324      FORT LAUDERDALE, FL 33324

**DO NOT WRITE IN THIS SPACE**

  
 04102007    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
 51-0550928      Not Applicable  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

✓ 66012393

6. Name and Address of Current Registered Agent  
 RYALS, MARIA A  
 9101-C S.W. 19TH PLACE  
 FORT LAUDERDALE, FL 33324

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 IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed (name of registered agent and role if applicable) (NOTE: Registered Agent signature required when filing online) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PVST<br>RYALS, MARIA A<br>9101-C S.W. 19TH PLACE<br>FORT LAUDERDALE, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.

SIGNATURE: *Maria Ryals*      5/3/07 954-382-5259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #