

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000125496

Entity Name: KEYSTONE ALLIANCE, INC.

**FILED**  
**Aug 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3350 BUSHWOOD PK DR STE 200  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3350 BUSHWOOD PK DR STE 200  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 20-5646137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOCH, TERRY  
3350 BUSHWOOD PK DR STE 200  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

KOCH, TERRY  
3350 BUSHWOOD PARK DR, SUITE 200  
TAMPA, FL 33618 US

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:

08/04/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FABRIZIO, NORMA  
Address: 3350 BUSCHWOOD PARK DR, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: KOCH, TERRY  
Address: 3350 BUSCHWOOD PARK DR, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: ROBINSON, DENYCE  
Address: 3350 BUSCHWOOD PARK DR, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: AS  
Name: UDELHOFEN, JOHN  
Address: 500 W. MADISON ST, SUITE 3890  
City-St-Zip: CHICAGO, IL 60661

I hereby 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 all other like empowered.

SIGNATURE: NORMA FABRIZIO

P

08/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date