


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000154711		
1. Entity Name KEYSMUSIC.NET INCORPORATED		
Principal Place of Business 6651 MALONEY AVE KEY WEST, FL 33040		Mailing Address P O BOX 431767 BIG PINE KEY, FL 33043
DO NOT WRITE IN THIS SPACE		
		03312008 No Chg-P CR2E034 (11/05)
4. FEI Number 20-8103278		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZOLONDICK, ADRIENNE D 6651 MALONEY AVE KEY WEST, FL 33040		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00... After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000913567 05/08/08-80021-013 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOLONDICK, ADRIENNE D P O BOX 431767 BIG PINE KEY, FL 33043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TORTOLANO, DAVID P O BOX 431767 BIG PINE KEY, FL 33043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE 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 empowered.		
SIGNATURE: <u>Adrienne D Zolondick</u> <u>Adrienne D. Zolondick</u> <u>4/17/08</u> <u>305-289-5658</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		