


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000155941 1. Entity Name KEOWEE MOUNTAIN MANAGEMENT, INC.	
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Principal Place of Business 2997 DAY AVE MIAMI, FL 33133	Mailing Address 2997 DAY AVE MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-8114371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEPLER, RICHARD M 2997 DAY AVE MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GORDON 1730 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEPLER, RICHARD M 2997 DAY AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, A SCOTT 265 GRAPETREE DRIVE 115 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERNHARDT, MATTHEW J 540 BRICKELL KEY DRIVE APT. 1414 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERNHARDT, THOMAS 4597 DRUSILLA DRIVE BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORGES, ALINA 1921 NW 36 AVE MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

U00000821914
02/19/08-80047-004 150.00

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: _____ *02/07/2008 305-444-6101*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #