


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P93000038629


1. Entity Name
KEYBOARD, INC.



Principal Place of Business Mailing Address

1565 U.S. HWY 1 1565 U.S. HWY 1
 SEBASTIAN, FL 32958 US SEBASTIAN, FL 32958 US

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

DILL, WARREN W
 1565 U.S. HWY 1
 SEBASTIAN, FL 32958

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000653747 03/13/07-80033-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAWFORD, JAMES
STREET ADDRESS	36 HEATHER AVE
CITY-ST-ZIP	GLASGOW,G61 3JG UNITED KING.,
TITLE	D
NAME	CRAWFORD, JEAN P
STREET ADDRESS	36 HEATHER AVE
CITY-ST-ZIP	GLASGOW,G61 3JG UNITED KING.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J Crawford **J CRAWFORD, PRESIDENT** February 18, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #