FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State

Daytime Phone *

		03-25-2002 90044 011 ***150.00		
DOCUMENT # P9300				
Keystone Real Es	state Group			
DO NOT WRITE IN THIS SPACE				,
2. Principal Place of Business 1106 Linford Ct. Suite, Apt. #, etc. 3. Mailing Address 1106 Linford Ct. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Veloco FC	City & State		4. FEI Number 59-34/7780	Applied For Not Applicable
Zip Country	33594	Country	5. Certificate of Status Desired	8.75 Additional ee Required
		Name _	7. Name and Address of Current Registered	
DO NOT WRITE			effery 5. Sell P.O. Box Number is Not Acceptable)	
IN THIS SPACE		110 G Lin Fard Ct.		
	,	City Ual	CICO FC FL	Zip Code
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.				
SIGNATURE Signature typed or pulsed hame projectioned agent and take if applicabilis. Signature typed or pulsed hame projectioned agent and take if applicabilis. The flery S. Bell Pros. de + 3/3/02 (NOTE: Rog-stered Agent Anature required when relinstating) (NATE: Rog-stered Agent Anature required when relinstating)				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make(Check) Payable		y/1 Fee is \$150:00 Fee is \$550:00 UBR is \$61:25 eto Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	TITLE		=======================================
NAME SIREET ADDRESS CITY- ST- ZIP 1:06 2:5 1:06 3:5 3:5 3:5 3:5 3:5 3:5 3:5 3:	(† . 2194	NAME STREET ADDRESS CNY-ST-ZIP		CR2E034B (12/01)
TITLE NAME TO L. Be	[1	TITLE NAME		CRZEG
STREET ADDRESS CITY-ST-ZIP	7 (9 V	STREET ADDRESS ENTY-ST-7IP		
NYLE	` ·	TIBLE		
NAME STREET ADDRESS		NAME STREET ADDRESS	DO NOT WRITE	
TITLE		TITLE	IN THIS SPACE	
NAME STREET ADDRESS		NAME STREET ADDRESS	IN THIS SPAC	#
CITY-ST-ZIP TITLE		CITY-ST-ZIP		
HAME		NAME		
STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	7	STREET ADDRESS CHY-S1-ZIP"		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.				
SIGNATURE: 1 2/5 Sell Par. Let 3/2/03				