


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000073920		
1. Entity Name KEE VILLA INC.		
Principal Place of Business 19914 GULF BLVD INDIAN ROCKS BEACH, FL 33785		Mailing Address 16821 INDIAN MOUND RD. TAMPA, FL 33618
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEE, BENJAMIN 16829 INDIAN MOUND RD TAMPA, FL 33618		04012006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3300745 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when terminating)</small> DATE _____
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	KEE, BENJAMIN	
STREET ADDRESS	16829 INDIAN MOUND RD	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	
NAME	ECKSTERN, LOTUS	
STREET ADDRESS	16821 INDIAN MOUND RD.	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 507, 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: <i>Lotus K. Eckstein</i> V/P		4/2/06 813 961 2508 601
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>