

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080272

Entity Name: KEYMED, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

1892 BELLAIR BLVD.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1892 BELLAIR BLVD.
SUITE 113
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3341442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, CAPPER
Address: 14255 49TH STREET N, SUITE 301
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP () Delete
Name: MICHAEL, GELDART
Address: 14255 49TH STREET N, SUITE 301
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP () Delete
Name: PATRICK, KRAUJALIS
Address: 14255 49TH STREET N, SUITE 301
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK KRAUJALIS

VP

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date