


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P96000002414 1. Entity Name KEEN FOREST MANAGEMENT, INC. |  |
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| Principal Place of Business 119 N.W. CR 290 MAYO, FL 32066 US | Mailing Address SAME MAYO, FL 32066 US |
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05032006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3370228 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KEEN, CLINTON ROUTE 1 BOX 449-2 MAYO, FL 32066 |
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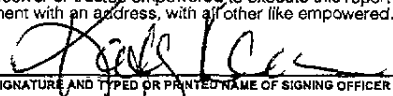
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SP KEEN, CLINTON 119 N.W. CR 290 MAYO, FL 32066 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KEEN, KATHY A 119 NW. CR 290 MAYO, FL 32066 |
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| <p>000000562036 05/19/06-80040-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ Daytime Phone # _____ |