


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90006 040 ***150.00

DOCUMENT # P96000103521

1. Entity Name
GOLD KEY HOMES, INC.



Principal Place of Business
**2141 N MONROE ST
TALLAHASSEE, FL 32303**

Mailing Address
**2141 N MONROE ST
TALLAHASSEE, FL 32303**

2. Principal Place of Business - No P.O. Box #
19446 Blountstown Hwy

3. Mailing Address
19446 Blountstown Hwy

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32310

Country
USA

Zip
32310

Country
USA

40101000



05072007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3420865

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BURTON, ALLISON
2141 N MONROE ST
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent
Name **Allison Burton**
Street Address (P.O. Box Number is Not Acceptable)
19446 Blountstown Hwy.
City **Tallahassee** FL Zip Code **32310**

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 *Allison Burton* **Allison Burton - President** **5/7/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, ALLISON 2141 N MONROE ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Burton, Allison 19446 Blountstown Hwy. Tallahassee, FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Allison Burton* **57-07 (850) 545-1187**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #