

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000022267**

1. Entity Name  
**KEENE DESIGNS, INC.**



Principal Place of Business      Mailing Address

**3893 U.S. 98 SOUTH  
 LAKELAND, FL 33813**      **3893 U.S. 98 SOUTH  
 LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



03202006    No Chg-P    QR2E034 (11/05)

4. FEI Number  
**65-0735338**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KEENE, ROGER D  
 3893 U.S. 98 SOUTH  
 LAKELAND, FL 33813**

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 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEENE, ROGER D
STREET ADDRESS	3893 U.S. 98 SOUTH
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	KEENE, CYNTHIA A
STREET ADDRESS	3893 U.S. 98 SOUTH
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/10/06-80051-008 150.00

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:** *Cynthia A Keene*    *Cynthia A Keene*    3-20-06-863 Add 7-173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #