

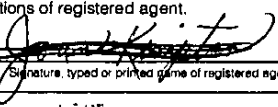
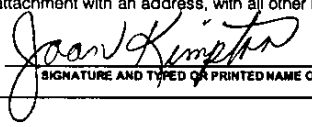


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000070481			
1. Entity Name MASTERKEY STORAGE OF DUNEDIN, INC.			
Principal Place of Business 1351 HEATHER RIDGE BLVD DUNEDIN, FL 34698	Mailing Address 1351 HEATHER RIDGE BLVD DUNEDIN, FL 34698		
DO NOT WRITE IN THIS SPACE			
		01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3463742	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTOBELLI, JOAN KIMPTON 1351 HEATHER RIDGE BLVD DUNEDIN, FL 34698		DO NOT WRITE 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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000593876 01/22/07-80048-020 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAMMATICO, J.B. 2580 ELLSWORTH ROAD WEST ANN ARBOR, MI 48108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KIMPTON, WILLIAM J 605 PALM BLVD STE B DUNEDIN, FL 34698		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KIMPTON, JOAN S 470 HICKORY NUT OLDSMAR, FL 34677		
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 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:  - JOAN KIMPTON		Date 1-17-07	Daytime Phone # 727-735-0047