2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000085810

1. Entity Name

KEY ISLAND INVESTMENTS, INC.



Principal Place of Business

38 CRANDON BLVD. KEY BISCAYNE, FL 33149 Mailing Address

38 CRANDON BLVD. KEY BISCAYNE, FL 33149

FILED Mar 21, 2006 8:00 am Secretary of State

03-21-2006 90028 005 ***150.00



03172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0789018

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SHALHUB, GEORGE E 38 CRANDON BLVD, KEY BISCAYNE, FL 33149			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D . SHALHUB, GEORGE 38 CRANDON BLVD. KEY BISCAYNE, FL 33149	CTORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		IOT WRITE HIS SPACE
TITLE			Ī		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 tike empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF STERNING OFFICER OR DIRECTOR

3/17/06

Daytime Phone #