2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

		<u></u>	Convotant of State
DOCUMENT # P97000098998			Secretary of State
t. Entity Name KEY SHIRTS, INC.			
KEY SHII	RIS, INC.		
•	pe of Business Mailing Address		
1001 E ATL/ STE. 202	ANTIC AVE. 1001 E ATLANTIC AVE. STE, 202		
DELRAY BEA	ICH, FL 33483 DELRAY BEACH, FL 33483		4 Yanniyan ilik yani masi kanif wali wali maki maki maki kani iliki kani iliki kani inika ili (dbi
	A STATE OF THE STA	<u></u>	
			ל אינו או השארוצה החושה שנותה שנותה פאותה שנונתת נונפת נונפת ווותם הנהחת הנוצים ווותם ההאוותפה ב
DO NOT WRITE IN THIS SPACE			01102005 No Chg-P CR2E034 (10/03)
			4. FEI Number Applied For
			58-2614110 Not Applicable
		4	5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent		1 , , , , , , , , , , , , , , , , , , ,
		}	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		ĺ	DO NOT WRITE
PLANTATION, FL 33324		}	IN THIS SPACE
		J	IN THIS SPACE
			produce the state of the state
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.			
are dungations of registered again.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees			
	ay 1, 2000 60 mil du 4000100		45 50
TITLE	OFFICERS AND DIRECTORS	1	
NAME	WALSH, MARK		
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202	<u> </u>	. :
City-St-Zip	DELRAY BEACH, FL 33483		, some and one and one and one and one
TITLE NAME	D WALSH, MICHAEL	į	000000332223 04/26/05-80050-006 150.00
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202		144 554 63-00020-000 130.00
CITY-SI-ZIP	DELRAY BEACH, FL 33483		=
TITLE	D	ł	
NAME STREET ADDRESS	WALSH, WILLIAM 1000 MARKET ST., BLDG. ONE, STE, 300		
CITY-ST-ZIP	PORTSMOUTH, NH 03801	=	- DO NOT WRITE
TITLE		1	IN THIS SPACE
NAME		1	HT HING OF AGE
STREET ADDRESS CITY-ST-ZIP		_	- · · · · · · · · · · · · · · · · · · ·
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NAME STREET ADDRESS		1	
CITY-ST-ZIP		and the same of th	Andrew Control of the
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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 it made under eath; 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			
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			