

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000098998

1. Entity Name  
KEY SHIRTS, INC.



Principal Place of Business  
1001 E ATLANTIC AVE.  
STE. 202  
DELRAY BEACH, FL 33483

Mailing Address  
1001 E ATLANTIC AVE.  
STE. 202  
DELRAY BEACH, FL 33483

**FILED  
Mar 13, 2006 08:00 AM  
Secretary of State**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2614110	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 remitting)

DATE

**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	WALSH, MARK
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	D
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	D
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET ST., BLDG. ONE, STE. 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801

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: *Mark Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark Walsh, Inc.*

1/26/06

Date

(561) 279-9900  
Daytime Phone #