2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004728

Entity Name: KEY MOBILITY, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410							
Current Mailing Address:				New Mailing Address:			
10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410							
FEI Number: 65-0810741 FEI Number Applied For () FEI N			FEI Num	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
STAGGS, HADEN 10151 DOGWOOD AVENUE PALM BEACH GARDENS, FL 33410 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STAGGS, ZACHA 15782 73RD TER			Title: Name: Address: City-St-Zip:	()C	hange () Addition	
Title: Name: Address: City-St-Zip:	STAGGS, HADEN 10151 DOGWOO			Title: Name: Address: City-St-Zip:	STAGGS, HADEN 10151 DOGWOO		
Title: Name: Address: City-St-Zip:	STAGGS, MARY 10151 DOGWOO	Delete DD AVE ARDENS, FL 33410		Title: Name: Address: City-St-Zip:	STAGGS, MARY 10151 DOGWOO	hange()Addition D AVE RDENS, FL 33410	
Title: Name: Address: City-St-Zip:	PD () [WEEKS, WALTE 2445 ALEXANDE MARIETTA, GA	R L III R LAKE DRIVE		Title: Name: Address: City-St-Zip:	()C	hange () Addition	
Title: Name: Address: City-St-Zip:	V () E DICKERSON, GF 3226 NOTTY PIN MARIETTA, GA	E TRL		Title: Name: Address: City-St-Zip:	V (X) C DICKERSON, GR 3651 BLAKEFOR MARIETTA, GA 3	D WAY	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	SV () C FIYNN, ANN SV N2283 COUNTY F BAY CITY, WI 54		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HADEN STAGGS VTD 03/31/2009