2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000021984

1. Entity Name KEYWAH CHARTERS, INC.



Principal Place of Business

2201 CANTU COURT

SUITE 104 SARASOTA, FL 34232 Mailing Address

2201 CANTU COURT SUITE 104

SARASOTA, FL 34232

FILED Mar 20, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0824595

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

STARLING, FRED M

DO NOT WRITE

2201 CANTU COURT SUITE 104 SARASOTA, FL 34232			IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	purpose of changing its registered offic-	o or registered agent, o	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	ர் applicable (NOTE: Registered Agent s	prature required when reinstating	ng) DAfE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees	
10. IITLE NAMC STINEET ADDRESS CITY-SI-ZIP VITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, FRED M 2201 CANTU CT, SUITE 104 SARASOTA, FL 34232	TORS		
TIFLE NAME STREET ADDRESS CITY - ST - ZIP HITLE NAME STREET ADDRESS				O NOT WRITE I THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality 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:

TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR