


Apr. 27. 2005 5:25AM

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90418 042 \*\*\*150.00

<b>DOCUMENT # P98000024683</b>	
1. Entity Name <b>KEYSTONE INCOME VERIFICATION, INC.</b>	

Principal Place of Business <b>5524 LAKE TERN COURT COCONUT CREEK, FL 33073</b>	Mailing Address <b>5524 LAKE TERN COURT COCONUT CREEK, FL 33073</b>
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**66019454**  


04282005 No Chg-P CR2ED04 (10/03)

4. FEI Number <b>52-2108234</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FEINBERG, MELVIN 1444 N.W. 87TH TERRACE CORAL SPRINGS, FL 33071</b>	
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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 except the obligations of registered agent.

SIGNATURE:  DATE: **4-23-05**


NOTE: Registered Agents signature required when changing.

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAZZONI, AMY 5524 LAKE TERN COURT COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAZZONI, DONNA 5524 LAKE TERN COURT COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(d), 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:  DATE: **5/23/05** Code: **904-41e** 9152  
Signature and typed or printed name of business officer or director