FILED **2007 FOR PROFIT CORPORATION** Feb 01, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000051772 KEYS TITLE COMPANY, INC. Principal Place of Business Mailing Address 12700 BISCAYNE BLVD, STE 401 12700 BISCAYNE BLVD, STE 401 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 CR2E034 (11/05) 01292007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0842929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEYS, CAROL F DO NOT WRITE 12700 BISCAYNE BLVD, STE 401 NORTH MIAMI, FL 33181 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstailing) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KEYS, CAROL F NAME STREET ADDRESS 12700 BISCAYNE BLVD, STE 401 U00000616347 02/07/07-80023-022 150.00 NORTH MIAMI, FL 33181 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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: _

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

ATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

305-891-1600

Daytime Phone ir