2005 FOR PROFIT CORPORATION

KEENIN DEVELOPMENT GROUP INC.

SIGNATURE:

Secretary of State **ANNUAL REPORT** 02-08-2005 90004 019 ***150.00 DOCUMENT # P98000096457 1. Entity Name KEENAN DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 40014932 1900 W COMMERCIAL BLVD, SUITE 200 1900 W COMMERCIAL BLVD, SUITE 200 FORT LAUDERDALE, FL 33309-3018 FORT LAUDERDALE, FL 33309-3018 2. Principal Place of Business 3. Mailing Address _Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For -55-0892969 65-0892969: Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYLE, CONRAD J Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD. **SUITE 1950** FORT LAUDERDALE, FL 33394 Zin Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS D ☐ Delete THLE Addition CHYNOWETH, DALE MAME NAME 1900 W COMMERCIAL BLVD, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-2IP ☐ Change Addition Delete TETLE TITLE KEENAN, WILLIAM NAME 1900 W COMMERCIAL BLVD, STE 200 STREET ADDRESS STREET ADVISESS CITY - ST- ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Dalate TITLE ☐ Change Addition HOGUE, CHANTAL NaMe NAME 1900 W COMMERCIAL BLVD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP City-St-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP City-SI-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on first 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.

FILED Feb 08, 2005 8:00 am

Davimo Phone #