

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000108190

1. Entity Name  
BLUEKEYS & ASSOCIATES, INC.



FILED  
May 01, 2006 8:00 am  
Secretary of State

05-01-2006 90453 032 \*\*\*150.00

60031742



04142006 Chg-P CR2E034 (11/05)

Principal Place of Business C/O 97665 OVERSEAS HIGHWAY KEY LARGO, FL 33037		Mailing Address C/O 97665 OVERSEAS HIGHWAY KEY LARGO, FL 33037	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  BUTLER, DAVID A 103400 OVERSEAS HWY, STE. 235 KEY LARGO, FL 33037		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip 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.			
<p>SIGNATURE <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when reinstating) DATE</p> <p><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b></p> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BUTLER, DAVID A C/O 97665 OVERSEAS HIGHWAY KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		4/26/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			