2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State 02-11-2008 90050 048 ***150.00 DOCUMENT # S15543 KEY MARCO HOLDINGS, INC. 40022000 Principal Place of Business Mailing Address 22 ST. CLAIR AVE., EAST, STE 1010 22 ST. CLAIR AVE., EAST, STE 1010 TORONTO, ONTARIO M4T 2S3 TORONTO, ONTARIO M4T 2S3 CANADA. CANADA. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 52-1713577 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO ☐ Addition ☐ Change TITLE ☐ Delete TITLE DIAMOND, CAREY J. NAME NAME STREET ADDRESS STREET ADDRESS 35 MILLBANK AVE CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT, PΠ ☐ Change ☐ Addition TITLE ☐ Delete TITLE DIAMOND, CAREY J. NAME NAME STREET ADDRESS 35 MILLBANK AVE STREET ADDRESS CITY-ST-ZIP TORONTO, ONT, CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change ☐ Addition ELMERKIM ELMER, KIM NAME NAME 4 GREENFORD RD STREET ADDRESS 101 CONSTANCE ST STREET ADDRESS TORONTO, ON MAA 3EL TORONTO, ON M6R1S CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED Feb 11, 2008 8:00 am