2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State **DOCUMENT # S83140** 1. Entity Name 05-02-2007 90061 032 ***150.00 K.E.I. CORP. Principal Place of Business Mailing Address 4418 SAN MIGUEL ST. 4418 W SAN MIGUEL ST TAMPA, FL 33629 TAMPA, FL 33629 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5333 5. ω.75サS_T Suite, Apt. #, etc. Same 04062007 CR2E034 (12/06) Chq-P Applied For 4. FEI Number City & State City & State 65-0300129 Not Applicable Gainesvi 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 Peebles Street Address (P.O. Box Number is Not Acceptable) PEEBLES, JERRY 4418 W SAN MIGUEL ST TAMPA, FL 33629 ; 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 بيله the obligations عله SIGNATURE Signature type nted name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! SEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD PD FILE ☐ Delete UHE ☑ Change ☐ Addition Peebles, Jerry 5333 S.W. 15+4ST., #44 PEEBLES, JERRY NAME NAME STREET ADDRESS 4418 W SAN MIGUEL ST STREET ADDRESS TAMPA, FL 33629 CITY-ST-7IP CHY-ST-ZIP Gainesville, FL 32608 VD TITLE ☐ Cetete Change Addition TITLE PEEBLES, MARY LOU PEEBLES, MARY LOU 5333 S.W. 75 H ST., # 44 NAME NAME STREET ADDRESS 4418 W SAN MIGUEL ST STREET ADDRESS CHY-SI-ZIP TAMPA, FL 33629 CITY-SI-ZIP Gainesville, FL 32608 Delete TITLE X Change ☐ Addition PEEBLES, KELLY C. 5333 SW 75Th ST., #44 PEEBLES, KELLY C NAME NAME STREET ADDRESS 4418 W SAN MIGUEL ST STREET ADDRESS CHY:ST:ZIP TAMPA, FL 33629 CITY-ST-ZIP Gainesville FL 32608 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TIRE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Detete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

CHY-ST-ZP