

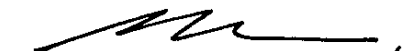


FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # S88930 1. Entity Name KEYSEARCH REALTY CORP.				Mar 21, 2007 08:00 Secretary of State	
Principal Place of Business - 101925 OVERSEAS HWY. KEY LARGO, FL 33037		Mailing Address 101925 OVERSEAS HWY. KEY LARGO, FL 33037			
DO NOT WRITE IN THIS SPACE				03192007 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0295833	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NYMAN, GEORGE C 113 COASTAL DR. KEY LARGO, FL 33037		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		000000674074 03/29/07 00054 013 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP NYMAN, GEORGE C 113 COASTAL DR KEY LARGO, FL 33037			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NYMAN, SCOTT J 119 N AIRPORT RD TAVERNIER, FL 33070			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP NYMAN, SHARON L 113 COASTAL DR KEY LARGO, FL 33037			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		Date: 3/19/07		Daytime Phone #: (305) 852-5595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					