2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03077

City-St-Zip: TALLAHASSEE, FL 32308

FILED Jan 18, 2006 Secretary of State

Entity Nai	me: KEYPRO	OPERTIES, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
PAT THOMAS PKWY QUINCY, FL 32353 US			PAT THOMAS PKWY 446 KEY FARM ROAD QUINCY, FL 32351	446 KEY FARM ROAD	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
PO BOX 5 QUINCY, F	39 FL 323530539	US			
FEI Number:	: 59-3113345	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
2143 ARM TALLAHAS	PENELOPE M ISTEAD ROAI SSEE, FL 323	D 08 US	e purpose of changing its registered	Laffice or registered agent, or both	
	e of Florida.	subilitis tilis statement for th	e purpose or changing its registered	office of registered agent, of both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	\gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VTD (DEHLER, MOF 2143 ARMISTE		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENELOPE M. DEHLER **PRES** 01/18/2006