

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
 KEATS, CONNELLY & ASSOCIATES, INC.

Principal Place of Business
 255 GEADES ROAD, SUITE 324A
 OCA RATON, FL 33431

Mailing Address
 3336 N. 32ND STREET, SUITE 100
 PHOENIX, AZ 85018



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **86-0665911** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, DAVID H
 255 GEADES ROAD, SUITE 324A
 OCA RATON, FL 33431

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

01/20/06-80047-009 150.00

OFFICERS AND DIRECTORS

TITLE	DP
NAME	KEATS, ROBERT F
STREET ADDRESS	3437 N. VALENCIA LANE
CITY - ST - ZIP	PHOENIX, AZ 85018
TITLE	DCEO
NAME	WALTERS, DALE H
STREET ADDRESS	25820 N. 44TH WAY
CITY - ST - ZIP	PHOENIX, AZ 85050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale A. Walters* **Dale A. Walters** 1.17.06 602-955-50

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #