


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 045 ***150.00

DOCUMENT # F05000003603
 1. Entity Name
KEATS, CONNELLY & ASSOCIATES, INC.



Principal Place of Business Mailing Address
250 S. AUSTRALIAN AVENUE **3336 N. 32ND STREET, SUITE 100**
ONE CLEARLAKE CENTER, SUITE 701 **PHOENIX, AZ 85018**
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

4004300



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-0665911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEVINE, DAVID H
2255 GEADES ROAD, SUITE 324A
BOCA RATON, FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEATS, ROBERT F 3437 N. VALENCIA LANE PHOENIX, AZ 85018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO WALTERS, DALE H 25820 N. 44TH WAY PHOENIX, AZ 85050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dak* 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #