


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 044 ***150.00

DOCUMENT # K01503 1. Entity Name KEENE PROPERTIES, INC.	
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Principal Place of Business P.O. BOX 770338 WINTER GARDEN, FL 34777-0338	Mailing Address P.O. BOX 770338 WINTER GARDEN, FL 34777-0338
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2860437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RIFFLE, THOMAS R
10 N SUMMERLIN AVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
MCPHERSON, REX V
Street Address (P.O. Box Number is Not Acceptable)
100 S EOLA DR #710
City
ORLANDO FL Zip Code
32801

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  Rex V. McPherson, II, President 04/10/07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD	MCPHERSON, REX V <input type="checkbox"/> Delete
NAME	11340 LAKE BUTLER BLVD
STREET ADDRESS	WINDERMERE, FL 34786
CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> Delete
NAME	RIFFLE, THOMAS R.
STREET ADDRESS	10 N SUMMERLIN AVE 54
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	MCPHERSON, REX V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 S EOLA DR #710
STREET ADDRESS	ORLANDO FL 32801
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Rex V. McPherson, II 04/10/07 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #