2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # N0100006730 1. Entity Name KEY WEST WRITERS GUILD, INC.						01-28-2005 90026 021 ****70.00						
1411 12TH STREET PO B			iailing Address PO BOX 4983 (EY WEST, FL 33041									
2. Principal Place of Business 3. Mai			Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102005	Chg-NP	CR2E	037 (10/03)			
City & State			City & State		4	65-098	5509			oplied For of Applicable		
Zip	Country	Zip		Country			of Status Desire		\$8.75 Ad Fee Require			
	6. Name and Address	of Current Registere	d Agent		7	. Name and	Address of Ne	w Registered	d Agent			
GALLAGHER, ANN 1411 TWELFTH STREET KEY WEST, FL 33404					Name Street Address (P.O. Box Number is Not Acceptable)							
		*		City				F	L Zip Cod	e		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
SIGNATURE .	Signature, typed or printed name of	registered agent and title if appl	icable (NOTE	Registered Agent signs	ture required who	en reinstaling)		DATE				
SIGNATURE	Sgrature, typed or printed name of Filling Fee Is \$61.2 Due by May 1, 200	5		npaign Financing	\$6	en reinstaling) 5.00 May B Ided to Fees	e F	Make che	ck payable t			
SIGNATURE .	Filing Fee is \$61.2 Due by May 1, 200	5	9. Election Can	npaign Financing	\$\$	5.00 May B	e F	Make che Tortda Depa	ck payable t artment of S	tate		
7	Filing Fee is \$61.2 Due by May 1, 200	5 5	9. Election Can	npaign Financing Contribution.	\$\$	5.00 May B	F	Make che Tortda Depa	ck payable t artment of S	tate		
10. TITLE NAME	Filing Fee is \$81.2 Due by May 1, 200 OFFICE DP GALLAGHER, ANN	5 5 ERS AND DIRECTORS	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME	\$\$	5.00 May B	F	Make che Tortda Depa	ck payable t artment of S	tate		
10. TITLE NAME STREET ADDRESS	Filing Fee is \$81.2 Due by May 1, 200 OFFICE DP GALLAGHER, ANN 1411 TWELFTH ST	5 5 ERS AND DIRECTORS	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$\$	5.00 May B	F	Make che Tortda Depa	ck payable t artment of S	tate		
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, ANN 1411 TWELFTH ST KEY WEST, FL 3304 DV SHALLOW, MOLLY G 115 FRONT ST APT KEY WEST, FL 3304 DT THOMSEN, JAMES	S S S S S S S S S S S S S S S S S S S	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	\$\$	5.00 May B	F	Make che Tortda Depa	ck payable t artment of S DIRECTORS IN Change	Addition		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 617, 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:	am Isallyka	ANN GALLAGHER	JAN. 25. 200	05-305-296-	3646
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR	Date	Daytime Phone #	- •