

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008676

FILED
Apr 18, 2006
Secretary of State

Entity Name: THE KEY BISCAYNE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

88 WEST MCINTYRE STREET
SUITE 100
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

88 WEST MCINTYRE STREET
SUITE 100
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1163127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIED, MORTIMER
291 HARBOR COURT
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAMMERER, MATTHIAS
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: LOPATE, VARKAS
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: BLASI, ELLEN
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: MCCAUGHAN, JOAN
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DIR () Delete
Name: SUSNJER, KATHYE G
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARKAS, SHAYNA
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD (X) Change () Addition
Name: BORROTO, MARILYN
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD (X) Change () Addition
Name: SILVA, CASSIA
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD (X) Change () Addition
Name: VON HARTZ, GLEN
Address: 88 WEST MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHYE SUSNJER

DIR

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date