2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006716

FILED Apr 25, 2005 Secretary of State

Entity Name: FLORIDA KEYS FOSTER ADOPTIVE PARENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

97300 OVERSEAS HWY 133 THIRD LANE UNIT 7 KEY LARGO, FL 33037

KEY LARGO, FL 33037

Current Mailing Address: New Mailing Address:

P.O. BOX 1861

KEY LARGO, FL 33037

FEI Number: 20-0141609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOKE, BARBARA 133 THIRD LANE

KEY LARGO, FL 33037 US

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:

The America Circumstance of Designature of America

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PADAN, PEGGY Name: BROOKE, BARBARA

 Name:
 PADAN, PEGGY
 Name:
 BROOKE, BARBARA

 Address:
 P.O. BOX 305
 Address:
 133 THIRD LANE

 City-St-Zip:
 KEY LARGO, FL 33037
 City-St-Zip:
 KEY LARGO, FL 33037

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 BROOKE, BARBARA
 Name:
 MILLER, CINDI

 Address:
 133 THIRD LANE
 Address:
 220 LA PALOMA ROAD

 City-St-Zip:
 KEY LARGO, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

Title: DV () Delete Title: () Change () Addition

 Name:
 CUNNINGHAM, CHRISTINE
 Name:

 Address:
 129 PACIFIC AVENUE
 Address:

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:

 Name:
 ALVAREZ, ARMANDO
 Name:
 BROOKE, JOHN E

 Address:
 187 LONG KEY
 Address:
 133 THIRD LANE

 City-St-Zip:
 KEY LARGO, FL 33037
 City-St-Zip:
 KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA BROOKE PD 04/25/2005