2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000074

FILED Mar 30, 2009 Secretary of State

Entity Name: 3406 NORTH ROOSEVELT BOULEVARD CORPORATION

Current Principal Place of Business:				New Principal Place of Business:		
1201 WHIT	ΓE ST.					
102 KEY WEST	Г, FL 330403	328 US				
Current Mailing Address:				New Mailing Address:		
1201 WHIT	ΓE ST.					
102 KEY WEST	Г, FL 330403	328 US				
FEI Number:	65-0368637	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired ()
Name and	Address of 6	Current Registered Agent:		Name and	Address	of New Registered Agent:
HUTTON, SUZANNE A. 502 WHITEHEAD ST. COURTHOUSE ANNEX, 3RD FLOOR KEY WEST, FL 33040 US				HUTTON, SUZANNE A. 1111 12TH STREET SUITE 409 KEY WEST, FL 33040 US		
	named entity of Florida.	submits this statement for the p	ourpose of	f changing i	its registere	d office or registered agent, or both,
SIGNATURE:						03/30/2009
	Electro	nic Signature of Registered Age	 ∍nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title:	FIRM, TODD B 99696 OVERS KEY LARGO, F D (MCPHERSON, PO BOX 1409 KEY WEST, FI P (DIGENNERO, I 9400 OVERSE MARATHON, F D (HERNANDEZ, 1505 LAIRD S' KEY WEST, FI	EAS HWY UNIT #1 FL 33037) Delete MORGAN L 33040) Delete MARIO AS HWY STE 210 FL 33050) Delete LOU T.		Title: Name: Address: City-St-Zip: Title: Title: Name: Address: City-St-Zip:	D NEUGENT, 25 SHIPS V	RSEAS HIGHWAY D, FL 33037 () Change () Addition (X) Change () Addition GEORGE VAY EY, FL 33043 (X) Change () Addition EZ, LOU D ST.
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MARZELLA, JA 560 BARRY AV LITTLE TORCH	AY VE H KEY, FL 33042) Delete ()		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: LYNDA M. STUART MGR 03/30/2009