2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P94000063345 04-17-2006 90346 047 ***158.75 WESTWINDS OF KEY WEST CORPORATION Principal Place of Business Mailing Address 400400.2 914 EATON ST 914 EATON ST KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0517391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTER, BG Street Address (P.O. Box Number is Not Acceptable) 914 EATON ST KEY WEST, FL 33040 City Zio Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MDSC THILE Delete TITLE ☐ Change ☐ Addition CARTER, B G NAME NAME STREET ADDRESS 914 EATON ST STREET ADDRESS CITY-SY-ZIP KEY WEST, FL CITY-ST-ZIP TITLE Delete DVP (X) Change ☐ Addition NAME HENRIQUES, A J HENRIQUEZ, A.J. NAME STREET ADDRESS 3615 SUNRISE DR STREET ADDRESS 3615 SUNRISE DR. CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP KEY WEST, FL 33040 TITLE Delete TITLE ☐ Change ☐ Addition CARTER, B.G. NAME NAME STREET ADDRESS 914 EATON ST. STREET ADDRESS CITY-ST-ZIP KEY WEST, FL CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change Addition CARPENTER, KAY F. NAME STREET ADDRESS 22918 LONG BEN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY, FL 33042 ☐ Delete TITLE TITLE □ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-71P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

12 Aor 2006

305-294-5105

B G Carter

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED