2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 594118

FILED Jan 29, 2009 Secretary of State

Entity Name: KEY WEST WATER SPORTS, INC.

| Jurrent P | rincipal Place | of Business: | New Principal Place | e of Business: |
|--|---|--|--|---|
| 714 SEMIN KEY WES | NOLE T, FL 33040 | US | | |
| Current M | lailing Addres | s: | New Mailing Addre | ss: |
| 714 SEMIN KEY WES | NOLE T, FL 33040 | US | | |
| El Number | : 59-1862760 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | l Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| 1002 WAS | MICHAEL, B SHINGTON ST. T, FL 33040 | US | | |
| | e named entity s e of Florida. | ubmits this statement for the p | urpose of changing its register | ed office or registered agent, or both, |
| SIGNATU | RF [.] | | | |
| | · | | | |
| SICINATO | | c Signature of Registered Age | nt | Date |
| | Electroni | c Signature of Registered Age Trust Fund Contribution (). | nt | Date |
| Election Ca | Electroni | Trust Fund Contribution (). | | Date BES TO OFFICERS AND DIRECTOR |
| Election Car DFFICER Title: Jame: kddress: | Electroni mpaign Financing S AND DIRECT | Trust Fund Contribution (). CORS: Delete AEL B., TON ST. | | |
| Election Ca | Electroni mpaign Financing S AND DIRECT PD () WILSON, MICHA 1002 WASHING KEY WEST, FL | Trust Fund Contribution (). TORS: Delete AEL B., TON ST. 33040 Delete ARD, JR., | ADDITIONS/CHANC Title: Name: Address: | GES TO OFFICERS AND DIRECTOR |
| Election Cal DFFICER. Title: Jame: Address: City-St-Zip: Title: Jame: Address: | Electronic | Trust Fund Contribution (). TORS: Delete AEL B., TON ST. 33040 Delete ARD, JR., I ROAD Delete NE TON ST | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | GES TO OFFICERS AND DIRECTOR () 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY GEARY TS 01/29/2009