2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# 702512

Entity Name: ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.

Current Principal Place of Business:

1432 KENNEDY DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1432 KENNEDY DRIVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, JACK
1432 KENNEDY DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

FULLER, NORMAN
1432 KENNEDY DRIVE
KEY WEST, FL 33040 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: NORMAN FULLER 01/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FULLER, JACK
Address: 1432 KENNEDY DR
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: FULLER, NORMAN
Address: 1432 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: HORN, BILL
Address: 151 KEY HAVEN RD
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: MAAS, LARRY
Address: 3814 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: BELL, JEAN
Address: 30233 PINEWAY
City-St-Zip: BIG PINE KEY, FL 33043

Title: V ( ) Delete
Name: DANIELS, GREG
Address: 6 RIVIERA DR
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: FULLER, NORMAN
Address: 1432 KENNEDY DR
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition
Name: FULLER, JACK
Address: 1432 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAAS, LARRY
Address: 3814 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NORMAN FULLER T 01/24/2006
Electronic Signature of Signing Officer or Director Date