2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703450

FILED Feb 02, 2006 Secretary of State

Entity Name: ISLAMORADA CHAMBER OF COMMERCE, INC.

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

83224 OVERSEAS HWY ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

P.O. BOX 915

ISLAMORADA, FL 33036

FEI Number: 59-1031258 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:

HALL, JUDY HULL, JUDY

83224 OVERSEAS HWY 83224 OVERSEAS HWY

ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 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: JUDY HULL 02/02/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change () Addition

 Name:
 KINKELARD, ED
 Name:
 GILLIS, DEBORAH

 Address:
 84001 OVERSEAS WAY
 Address:
 P.O. BOX 484

 City-St-Zip:
 ISLAMORADA, FL 33036
 City-St-Zip:
 ISLAMORADA, FL 33036

 Name:
 GILLIS, DEBORAH
 Name:
 KASPRISIN, JAY

 Address:
 PO BOX 484
 Address:
 121 RIVIERA DR

 City-St-Zip:
 ISLAMORADA, FL 33036
 City-St-Zip:
 ISLAMORADA, FL 33036

TH 00 (000) (100)

Title: SD () Delete Title: S (X) Change () Addition Name: MORTON, JAMES C Name: RECKWERDT, ANNIE

Address: 86739 OLD HWY Address: P.O. BOX 86

City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

Title: VD () Delete Title: T (X) Change () Addition

Name: KINKELAAR, ED Name: LAWSON, CINDY
Address: 84001 OVERSEAS HWY Address: P.O. BOX 1502

City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete Title: D (X) Change () Addition Name: MALONE, DEBRA Name: KINKELAAR, ED

Address: 81621 OLD HWY Address: 84001 OVERSEAS HIGHWAY

City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete Title: D (X) Change () Addition Name: GILLIS, DEBORAH Name: MALONE, DEBRA

Address: PO BOX 484 Address: 81621 OLD HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

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: JUDY HULL RA 02/02/2006