


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90024 033 ***158.75

DOCUMENT # H90820	
1. Entity Name SHARK KEY DEVELOPMENT CORPORATION	

Principal Place of Business SALES CNTR SHARK KEY KEY WEST, FL 33040	Mailing Address SALES CNTR SHARK KEY KEY WEST, FL 33040
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2. Principal Place of Business - No P.O. Box # 36 CANNON ROYAL DR	3. Mailing Address 36 CANNON ROYAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KEY WEST FL	City & State KEY WEST FL
Zip 33040	Zip 33040
Country US	Country US



02182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HALPERN, MICHELLE K. SALES CNTR SHARK KEY KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	36 CANNON ROYAL DR
City	KEY WEST FL
Zip	33040

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: <i>Michelle K. Halpern</i>	DATE: 3-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KEEVAN, CLARENCE J.
STREET ADDRESS	SALES CNTR, SHARK KEY
CITY-ST-ZIP	KEY WEST, FL
TITLE	V <input type="checkbox"/> Delete
NAME	KEEVAN, JACQUELINE G.
STREET ADDRESS	SALES CNTR, SHARK KEY
CITY-ST-ZIP	KEY WEST, FL
TITLE	V <input type="checkbox"/> Delete
NAME	KEEVAN, PATRICK F.
STREET ADDRESS	SALES CNTR, SHARK KEY
CITY-ST-ZIP	KEY WEST, FL
TITLE	SV <input type="checkbox"/> Delete
NAME	HALPERN, MICHELLE K.
STREET ADDRESS	SALES CNTR, SHARK KEY
CITY-ST-ZIP	KEY WEST, FL
TITLE	TV <input type="checkbox"/> Delete
NAME	FINCH, ANNE K
STREET ADDRESS	SALES CNTR, SHARK KEY
CITY-ST-ZIP	KEY WEST, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	36 CANNON ROYAL DR
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	36 CANNON ROYAL DR
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	36 CANNON ROYAL DR
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	36 CANNON ROYAL DR.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.	
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SIGNATURE: <i>Michelle K. Halpern</i>	DATE: 3-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	