

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 09, 2007
Secretary of State**

DOCUMENT# N00000000111

Entity Name: THE KEY WEST POPS, INC.

Current Principal Place of Business:3700 EAGLE AVE.
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 6206
KEY WEST, FL 33041**New Mailing Address:**

FEI Number: 65-1060786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:VIANA, JOE
1523 WASHINGTON ST
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**SNOW, LURANA S
299 E. BROWARD BLVD.
ROOM 204
FORT LAUDERDALE, FL 33301 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: LURANA S. SNOW

05/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: GARLO, DOLLY
Address: 20942 6TH AVE., WEST
City-St-Zip: CUDJOE KEY, FL 33042Title: SD () Delete
Name: VIANA, JOE
Address: 1523 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040Title: D () Delete
Name: FERNANDEZ, GEORGE
Address: 1108 SOUTH ST
City-St-Zip: KEY WEST, FL 33040Title: P () Delete
Name: SNOW, LURANA
Address: 299 E. BROWARD BLVD., 204
City-St-Zip: FORT LAUDERDALE, FL 33301Title: TD () Delete
Name: SHETKA, FRED
Address: 1514 FOURTH STREET
City-St-Zip: KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: HELD, CORY
Address: 904 WASHINGTON ST.
City-St-Zip: KEY WEST, FL 33040Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: HOLLAND, LEE ANNE
Address: 109 FRONT STREET, #109
City-St-Zip: KEY WEST, FL 33040

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LURANA S. SNOW

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05/09/2007

Electronic Signature of Signing Officer or Director

Date