

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2008
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:**SNOW, LURANA S
299 E. BROWARD BLVD.
ROOM 204
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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: _____

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 33042

Title: SD () Delete
Name: HELD, CORY
Address: 904 WASHINGTON ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FERNANDEZ, GEORGE
Address: 1108 SOUTH ST
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: SNOW, LURANA
Address: 299 E. BROWARD BLVD., 204
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete
Name: COUCH, RITA
Address: 116 AVENUE F
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HELD, CORY
Address: 904 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change () Addition
Name: GROSKY, JEFFREY
Address: 525 WILLIAM STREET
City-St-Zip: KEY WEST, FL 33040

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

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 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: CORY HELD

VP

05/05/2008

Electronic Signature of Signing Officer or Director_____
Date