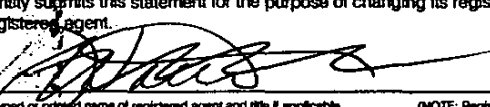
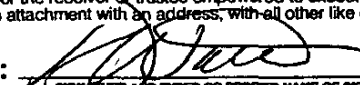


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 034 ****61.25

DOCUMENT # N01000002691 1. Entity Name ISLAND OPERA THEATRE OF THE FLORIDA KEYS, INC.					
Principal Place of Business 16823 EAST POINT DRIVE SUGARLOAF KEY, FL 33042			Mailing Address 16823 EAST POINT DRIVE SUGARLOAF KEY, FL 33042		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1103067	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALTERS, DEAN 16823 EAST POINT DRIVE SUGARLOAF KEY, FL 33042			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE 2.6.08		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP THOMAS, JODY 1105 PETRONIA STREE KEY WEST, FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARMICHAEL, PAUL 466 AIRPORT DRIVE SOUTH SUMMERLAND KEY, FL 33042	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUTLER, VIRGINIA 22 ALLAMANDA TERRACE KEY WEST, FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAILEY, LORI 211 SIMONTON STREET KEY WEST, FL 33040	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHMIDA, WALTER 1522 GEORGIA ST KEY WEST, FL 33040 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC WALTERS, DEAN 16823 EAST POINT DRIVE SUGARLOAF KEY, FL 33042	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 617, 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.					
SIGNATURE:  DEAN WALTERS 2.6.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					