2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006730

FILED May 13, 2006 Secretary of State

Entity Name: KEY WEST WRITERS GUILD, INC. **Current Principal Place of Business: New Principal Place of Business: 1411 12TH STREET** KEY WEST, FL 33404 **Current Mailing Address: New Mailing Address:** PO BOX 4983 KEY WEST, FL 33041 FEI Number: 65-0985509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLAGHER, ANN 1411 TWELFTH STREET KEY WEST, FL 33404 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete GALLAGHER, ANN Name: Name: 1411 TWELFH ST Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHALLOW, MOLLY G Name: Address: 115 FRONT ST APT 103 Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMSEN, JIM Name: THOMSEN, JIM Name: 1508 FEMINARY ST. #2 2683 N. ROOSEVELT BLVD. UNIT 1 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: DS () Delete Title: () Change () Addition Name: WOOD, LOUISE Name: Address: 17035 WAHOO LANE Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip:

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: JAMES THOMSEN TS 05/13/2006