2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# N02000004680

Entity Name: SCULPTURE KEY WEST, INC.

Current Principal Place of Business:

PO BOX 7
KEY WEST, FL 33041

New Principal Place of Business:

Current Mailing Address:

PO BOX 7
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 56-2284638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRICK, JAMES T
317 WHITEHEAD ST.
KEY WEST, FL 33040 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: VC ( ) Delete
Name: HARRISON, HELEN
Address: 825 WHITE ST.
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: ZOLOTOW, DIANNE
Address: 708 WILLIAM ST.
City-St-Zip: KEY WEST, FL 33040

Title: C ( ) Delete
Name: SCHRECK, CAROL
Address: 3812 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: SHELBY, DIANE
Address: 1611 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: RACCHI, JIM
Address: PO BOX 4202
City-St-Zip: KEY WEST, FL 33041

Title: D (X) Delete
Name: CRANE, BOB
Address: 1507 GRINNELL ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition
Name: ZOLOTOW, DIANNE
Address: 708 WILLIAM ST.
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change ( ) Addition
Name: CARRUTHERS, HEATHER
Address: 702 FLORIDA ST.
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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAROL A. SCHRECK C 03/06/2006

Electronic Signature of Signing Officer or Director — Date