

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004680

FILED
Apr 13, 2007
Secretary of State

Entity Name: SCULPTURE KEY WEST, INC.

Current Principal Place of Business:

PO BOX 7
KEY WEST, FL 33041

New Principal Place of Business:

602 SOUTHARD ST. #2
KEY WEST, FL 33041

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:

PRIBRAMSKY, STEVEN
937 FLEMING ST.
KEY WEST, FL 33040 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: STEVEN PRIBRAMSKY

04/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: CARRUTHERS, HEATHER
Address: 702 FLORIDA 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: BENTLEY-KEMP, LYNNE
Address: 23802 SNAPPER LANE
City-St-Zip: CUDJOE KEY, FL 33042

Title: C (X) Change () Addition
Name: HARWELL, JEFFREY
Address: 1800 ATLANTIC AVE. UNIT C441
City-St-Zip: KEY WEST, FL 33040

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: DIANE SHELBY

T

04/13/2007

Electronic Signature of Signing Officer or Director

Date