2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004680

Entity Name: SCULPTURE KEY WEST, INC.

FILED Mar 19, 2008 Secretary of State

Littly Name. Scott fort Ref West, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
602 SOUTHARD ST. #2 KEY WEST, FL 33041				1011 WHITEHEAD ST. KEY WEST, FL 33040		
Current Mailing Address:				New Mailing Address:		
PO BOX 7 KEY WEST, FL 33041				1011 WHITEHEAD ST. KEY WEST, FL 33040		
FEI Number: 56-2284638 FEI Number Applied For () FEI Number			FEI Number Not App	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
937 FLEMIN KEY WEST	, FL 33040 named entity s	US ubmits this statement for the pu	rpose of changing	its registered office or	registered agent, or both,	
SIGNATUR		ic Signature of Registered Agen	t		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () ZOLOTOW, DIA 708 WILLIAM S KEY WEST, FL	Т.	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	VC () BENTLEY-KEMI 23802 SNAPPE CUDJOE KEY, F	R LANE	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	HARWELL, JEF	AVE. UNIT C441	Title: Name: Address: City-St-Zip:	C (X) Change CARPER, JEAN 1500 VON PHISTER ST KEY WEST, FL 33040	e () Addition	
Title: Name: Address: City-St-Zip:	T () SHELBY, DIANE 1611 VON PHIS KEY WEST, FL	TER ST	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	D (X) RACCHI, JIM PO BOX 4202 KEY WEST, FL	Delete	Title: Name: Address: City-St-Zip:	()Change	e()Addition	

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: JEAN CARPER C 03/19/2008