

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 02, 2009**  
**Secretary of State**

DOCUMENT# N02000004680

**Entity Name:** SCULPTURE KEY WEST, INC.**Current Principal Place of Business:**1011 WHITEHEAD ST.  
KEY WEST, FL 33040**New Principal Place of Business:**#7 1ST AVENUE  
KEY WEST, FL 33040**Current Mailing Address:**1011 WHITEHEAD ST.  
KEY WEST, FL 33040**New Mailing Address:**P.O. BOX 1058  
KEY WEST, FL 33041**FEI Number:** 56-2284638**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCVEIGH, ROGER  
627 SIMONTON ST.  
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**SMITH, BARTON  
309 WHITEHEAD STREET  
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: BARTON SMITH

06/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** S ( ) Delete  
**Name:** ZOLOTOW, DIANNE  
**Address:** 708 WILLIAM ST.  
**City-St-Zip:** KEY WEST, FL 33040**Title:** C ( ) Delete  
**Name:** BENTLEY-KEMP, LYNNE  
**Address:** 23802 SNAPPER LANE  
**City-St-Zip:** CUDJOE KEY, FL 33042**Title:** VC (X) Delete  
**Name:** VASEK, VERA  
**Address:** P.O. BOX 4836  
**City-St-Zip:** KEY WEST, FL 33040**Title:** T (X) Delete  
**Name:** MCVEIGH, ROGER  
**Address:** 627 SIMONTON ST.  
**City-St-Zip:** KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C,S (X) Change ( ) Addition  
**Name:** VASEK, VERA A  
**Address:** 2641 GULFVIEW DRIVE  
**City-St-Zip:** KEY WEST, FL 33040**Title:** T (X) Change ( ) Addition  
**Name:** GERMAN, TODD  
**Address:** 2315 NORTH ROOSEVELT  
**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 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: VERA VASEK

C,S

06/02/2009

Electronic Signature of Signing Officer or Director

Date