2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000398

Entity Name: UPPER KEYS AQUATIC FOUNDATION, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	NA AVENUE O, FL 33037						
Current Mailing Address:				New Mailing Address:			
320 LAGUNA AVENUE KEY LARGO, FL 33037				PO BOX 1994 KEY LARGO, FL 33037			
FEI Number: 20-0593910 FEI Number Applied For () FE			FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Surrent Registered Agent:		Name and	Address of N	lew Registered Ag	ent:
FITZPATRICK, DENNIS J C/O KAUFMAN ROSSIN & CO. 2699 SOUTH BAYSHORE DRIVE, SUITE 500 MIAMI, FL 33133 US				FIRM, TODD 99626 OVERSEAS HIGHWAY KEY LARGO, FL 33037 US			
The above in the State		submits this statement for the p	urpose o	f changing it	ts registered o	office or registered a	gent, or both,
SIGNATURE: TODD FIRM				04/29/2005			
	Electror	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	D () FITZPATRICK, 36 S. BOUNTY KEY LARGO, F	LANE		Title: Name: Address: City-St-Zip:	D (X GINTEL, ROBE 5 BAY RIDGE F KEY LARGO, F	ROAD	
Title: Name: Address: City-St-Zip:	D () FIRM, TODD 99696 OVERSE KEY LARGO, F			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BOLINI, JAMES 99696 OVERSE KEY LARGO, F	EAS HIGHWAY		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () WAGNER, COR 71 MUTINY PLA KEY LARGO, F	ACE		Title: Name: Address: City-St-Zip:	D (X BLACKBURN, M 201 OCEAN RE KEY LARGO, F	EEF DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () JACOBS, BARE 31 CARD SOUN KEY LARGO, F	ND ROAD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () MEDAGLIA, CA 07 BAY RIDGE KEY LARGO, F	ROAD	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT GINTEL D 04/29/2005