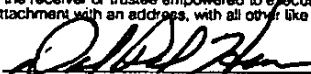


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-20-2005 90035 024 ****61.25

DOCUMENT # N04000008955 1. Entity Name FLORIDA KEYS DEFENSE ALLIANCE, INC.						
Principal Place of Business 608 WHITEHEAD ST KEY WEST, FL 33040			Mailing Address 608 WHITEHEAD ST KEY WEST, FL 33040			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
4. FEI Number 20-232755-7				Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HORAN, DAVID PAUL 608 WHITEHEAD ST KEY WEST, FL 33040				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D HORAN, DAVID PAUL ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	608 WHITEHEAD ST			NAME		
STREET ADDRESS	KEY WEST, FL 33040			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D WELLS, KENNETH G ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	6651 MALONEY AVE			NAME		
STREET ADDRESS	KEYWEST, FL 33040			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D ROSSI, MARK ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	202-208 DUVAL ST			NAME		
STREET ADDRESS	KEY WEST, FL 33040			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 				DAVID PAUL HORAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1-14-05 Daytime Phone # 305 294-4565		

66002159



01062005 Chg-NP CR2E037 (10/03)