

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008955

FILED
Jan 06, 2007
Secretary of State

Entity Name: FLORIDA KEYS DEFENSE ALLIANCE, INC.

Current Principal Place of Business:

608 WHITEHEAD ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

608 WHITEHEAD ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-2327557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, DAVID PAUL
608 WHITEHEAD ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HORAN, DAVID PAUL
Address: 608 WHITEHEAD ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WELLS, KENNETH G
Address: 6651 MALONEY AVE
City-St-Zip: KEYWEST, FL 33040

Title: D () Delete
Name: ROSSI, MARK
Address: 202-208 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: AVAEL, JULIO
Address: 400 ANGELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MOROWSKI, MICHAEL
Address: 907 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID PAUL HORAN

D

01/06/2007

Electronic Signature of Signing Officer or Director

Date