## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008955

FILED Mar 25, 2009 Secretary of State

Entity Name: FLORIDA KEYS DEFENSE ALLIANCE, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	EHEAD ST ST, FL 33040			
Current Mailing Address:			New Mailing Address:	
	EHEAD ST ST, FL 33040			
El Number	r: <b>20-2327557</b>	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
TİHW 808	DAVID PAUL EHEAD ST ST, FL 33040	US		
	e named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both,  Date
n the Stat SIGNATU	e of Florida. RE:	nic Signature of Registered Ag	ent	
n the Stat  SIGNATU  DFFICER  Fitle: Name: Address:	e of Florida.  RE: Electror  S AND DIREC	nic Signature of Registered Ag TORS: Delete PAUL AD ST	ent	Date
n the Stat  BIGNATU  DFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electror  S AND DIREC  D  HORAN, DAVID  608 WHITEHEA  KEY WEST, FL	nic Signature of Registered Agr TORS:  ) Delete  ) PAUL AD ST  . 33040  ) Delete ETH G Y AVE	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	E of Florida.  RE: Electror  S AND DIREC  D () HORAN, DAVID 608 WHITEHEA KEY WEST, FL  D () WELLS, KENN 6651 MALONE KEYWEST, FL	TORS:  Delete PAUL AD ST . 33040  Delete ETH G Y AVE 33040  Delete Delete L ST	ADDITIONS/CHANGI  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR ( ) Change ( ) 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: DAVID PAUL HORAN D 03/25/2009