2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011977

FILED Apr 18, 2006 Secretary of State

Entity Name: UPPER KEYS ASSOCIATION OF DIVE AND SNORKEL OPERATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 361

TAVERNIER, FL 33070

Current Mailing Address: New Mailing Address:

P.O. BOX 361

TAVERNIER, FL 33070

FEI Number: 76-0810356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAWSON, DANIEL M MACE, BRENDA 1064 NE 36TH AVE 613 CUDA LANE

HOMESTEAD, FL 33033 US KEY LARGO, FL 33037 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: BRENDA MACE 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: DP (X) Change () Addition

 Name:
 FORD, RICHARD
 Name:
 FORD, RICHARD

 Address:
 P.O. BOX 361
 Address:
 PO BOX 2724

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 MACE, GARY
 Name:
 MACE, GARY

 Address:
 P.O. BOX 361
 Address:
 613 CUDA LANE

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

Title: D () Delete Title: DT (X) Change () Addition

 Name:
 MACE, BRENDA
 Name:
 MACE, BRENDA

 Address:
 P.O. BOX 361
 Address:
 613 CUDA LANE

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

Title: D () Delete Title: S (X) Change () Addition

 Name:
 BARBER, DIÀNN
 Name:
 BARBER, DIÀNN

 Address:
 P.O. BOX 361
 Address:
 100 OCEAN DRIVE

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

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: BRENDA MACE DT 04/18/2006