2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17703

Entity Name: NAMI/FLORIDA KEYS, INC.

FILED Jun 06, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of Business:		
700 FLEMING ST. KEY WEST, FL 33040 US		1205 FOURTH STREET KEY WEST, FL 33040 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 57 KEY WEST	771 , FL 33040	US			
FEI Number: 59-2817825 FEI Number Applied For () FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive Name and Address of Current Registered Agent:			nber Not Applicable () Certificate of Status Desired () the prior notice. Name and Address of New Registered Agent:		
SOUCY, PA 700 FLEMII KEY WEST		US		AM IEDY DRIVE T, FL 33040	US
The above in the State		submits this statement for the purpose of	of changing it	s registered of	fice or registered agent, or both,
SIGNATURE:			06/06/2007		
		ic Signature of Registered Agent			Date
OFFICERS	AND DIREC		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SEC () DUNN, CHRISTI 700 FLEMING S KEY WEST, FL	STREET	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	P () SOUCY, PAM 2409 N. ROOSE KEY WEST, FL		Title: Name: Address: City-St-Zip:	TREA (X) SOUCY, PAM 1200 KENNEDY KEY WEST, FL	
Title: Name: Address: City-St-Zip:	D () FULLER, B.J. 1432 KENNEDY KEY WEST, FL		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	D () BAUGH, CATHY 1200 KENNEDY KEY WEST, FL	/ DR	Title: Name: Address: City-St-Zip:	D (X) BAUGH, CATHY 1200 KENNEDY KEY WEST, FL	DRIVE
Title: Name: Address: City-St-Zip:	D () HARRIS, PHIL 1205 FOURTHS KEY WEST, FL		Title: Name: Address: City-St-Zip:	PRES (X) HARRIS, PHIL 1205 FOURTH S KEY WEST, FL	
Title: Name: Address: City-St-Zip:	D () COOK, SARA 1209 UNITED S KEY WEST, FL		Title: Name: Address: City-St-Zip:	()	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: PAM SOUCY TREA 06/06/2007