2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N93000001386

Entity Name: KEY BISCAYNE 4TH OF JULY PARADE COMMITTEE, INC.

Current Principal Place of Business:

260 CRANDON BLVD #12
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

PO BOX 490835
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0402923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STICKNEY, TIM
260 CRANDON BLVD #12
KEY BISCAYNE, FL 33149 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: PD ( ) Delete
Name: FRIED, MARK E
Address: 525 WARREN LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete
Name: RICE, MIKE
Address: 325 REDWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete
Name: PICKELL, SALLIE
Address: 320 W MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete
Name: ESTEVEZ-HAYES, MICHELE
Address: 800 CRANDON BLVD, STE 201
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: CORDOVES, JOSE
Address: 320 REDWOOD LANE
City-St-Zip: KEY BISCAYNE, FL 33149

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

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: MARK E. FRIED PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date