2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004265

FILED Mar 31, 2008 Secretary of State

Entity Name: KEY BISCAYNE LIGHTHOUSE RUN AND WALK, INC.

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

101 OCEAN LANE DR 340 PALMWOOD LANE APT 106 C/O JILL GOMEZ

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

C/O JAMES BREWSTER

P.O. BOX 528

KEY BISCAYNE, FL 33149

340 PALMWOOD LANE
C/O JILL GOMEZ
KEY BISCAYNE, FL 33149

KEY BISCAYNE, FL 33149

FEI Number: 65-0516611 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:

BREWSTER, JAMES H GOMEZ, JILL O MS
101 OCEAN LANE DRIVE 340 PALMWOOD LANE

APT 106 JILL GOMEZ
KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 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: JILL O. GOMEZ 03/31/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DPS () Delete Title: MS (X) Change () Addition

 Name:
 BREWSTER, JAMES H
 Name:
 GOMEZ, JILL O

 Address:
 101 OCEAN LANE DR #106
 Address:
 340 PALMWOOD LANE

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

Title: D () Delete Title: MR (X) Change () Addition
Name: STONE, EDWARD H Name: BREWSTER, JAMES H
Address: 145 HAMPTON I N Address: 101 OCFAN I ANF DR #106

Address: 145 HAMPTON LN Address: 101 OCEAN LANE DR. #106
City-St-Zip: KEY BISCAYNE, FL 33149
City-St-Zip: KEY BISCAYNE, FL 33149

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

 Name:
 OWENS, ANN S
 Name:
 OWENS, ANN S

 Address:
 200 OCEAN LN DR
 Address:
 200 OCEAN LN DR

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

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: JILL O. GOMEZ MS 03/31/2008