

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90297 045 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                     |                                                                                                                                                              |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N96000001295</b><br>1. Entity Name<br><b>FLORIDA KEYS SENSIBLE PLANNING ALLIANCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                     |                                                                                                                                                              |  |  |
| Principal Place of Business<br><b>401 OCEAN DRIVE<br/>APT 406<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | Mailing Address<br><b>401 OCEAN DRIVE<br/>APT 406<br/>MIAMI BEACH, FL 33139</b>                                                                              |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 3. Mailing Address                                                                  |                                                                                                                                                              |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | Suite, Apt. #, etc.                                                                 |                                                                                                                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | City & State                                                                        |                                                                                                                                                              |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                      | Zip                                                                                 | Country                                                                                                                                                      |                                                                                   |  |
| 4. FEI Number<br><b>65-0646973</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                     |                                                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     |                                                                                                                                                              | <b>\$8.75</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HILLIARD, RANDALL<br/>401 OCEAN DRIVE<br/>APT 406<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                     |                                                                                                                                                              |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                     |                                                                                                                                                              |                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                              | <b>\$5.00</b> May Be Added to Fees                                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                                                     |                                                                                                                                                              |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                        |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete            |                                                                                     | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HILLIARD, RANDALL                            |                                                                                     | NAME                                                                                                                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 401 OCEAN DRIVE, APT 406                     |                                                                                     | STREET ADDRESS                                                                                                                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI BEACH, FL 33139                        |                                                                                     | CITY-ST-ZIP                                                                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CUELLAR, CLAUDIA                             |                                                                                     | NAME                                                                                                                                                         | Feingold, Laurence                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1121 ANDORA AVENUE                           |                                                                                     | STREET ADDRESS                                                                                                                                               | 407 Lincoln Road, Ste 708                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CORAL GABLES, FL 33146                       |                                                                                     | CITY-ST-ZIP                                                                                                                                                  | Miami Beach FL 33139                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MCCORMICK, JOSEPH                            |                                                                                     | NAME                                                                                                                                                         | Feingold, Renee                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7541 ADVENTURE AVENUE                        |                                                                                     | STREET ADDRESS                                                                                                                                               | 407 Lincoln Road, Ste 708                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NORTH BAY VILLAGE, FL 33141                  |                                                                                     | CITY-ST-ZIP                                                                                                                                                  | Miami Beach FL 33139                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     | NAME                                                                                                                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                     | STREET ADDRESS                                                                                                                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | CITY-ST-ZIP                                                                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     | NAME                                                                                                                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                     | STREET ADDRESS                                                                                                                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | CITY-ST-ZIP                                                                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     | NAME                                                                                                                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                     | STREET ADDRESS                                                                                                                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | CITY-ST-ZIP                                                                                                                                                  |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                              |                                                                                     |                                                                                                                                                              |                                                                                   |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | Randall Hilliard                                                                    |                                                                                                                                                              | 4/19/06 305-673-5353                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                     |                                                                                                                                                              | Daytime Phone #                                                                   |  |