

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2005
Secretary of State**

DOCUMENT# N98000006038

Entity Name: HABITAT'S KEY'S SOLUTION, INC.

Current Principal Place of Business:

17 SHIPS WAY
BIG PINE KEY, FL 33043

New Principal Place of Business:

30320 OVERSEAS HWY
BIG PINE KEY, FL 33043

Current Mailing Address:

P.O. BOX 421003
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-0881165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERKEL, HOWARD
540 KEY DEER BLVD
BIG PINE KEY, FL 33043 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: PDS () Delete
Name: LARKIN, JOHN
Address: P.O. BOX 38
City-St-Zip: BIG PINE KEY, FL 33043

Title: VD () Delete
Name: LOEWY, BILL
Address: POST OFFICE BOX 421003
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: SMITH, JAMES
Address: 30332 KILLDEER LANE
City-St-Zip: BIG PINES KEY, FL 33043

Title: TD () Delete
Name: MARKEL, HOWARD
Address: 540 KEY DEER BLVD
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM LOEWY

VD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date