2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# N99000004713

Entity Name: ARTIFICIAL REEFS OF THE KEYS, INC.

Current Principal Place of Business:

305 WHITEHEAD ST.
APT. 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 4190
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0926245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOHR, SHERI L
305 WHITEHEAD ST.
APT. 1
KEY WEST, FL 33040 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: NORWOOD, CHRISTOPHER
Address: 19 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: LOHR, SHERI L
Address: 305 WHITEHEAD STREET APT. 1
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Delete
Name: SULLENGER, JOELLEN
Address: 1709 VON PHISTER
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TDS (X) Change ( ) Addition
Name: LOHR, SHERI L
Address: 305 WHITEHEAD STREET APT. 1
City-St-Zip: KEY WEST, FL 33040

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

Title: D ( ) Change (X) Addition
Name: SMITH, ROBERT
Address: 1213 17TH ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERI L. LOHR TD 02/21/2007

Electronic Signature of Signing Officer or Director — Date