


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90290 001 ***600.00

DOCUMENT # P01000024597 1. Entity Name KEY WEST NATURAL TRADITIONS, INC.	
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Principal Place of Business 450 SW 12 AVE POMPAÑO BEACH, FL 33069	Mailing Address 450 SW 12 AVE POMPAÑO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



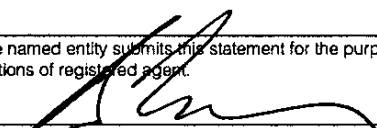
01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1087599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Miller MILLER, WILLIAM R 450 SW 12 AVE POMPAÑO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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.

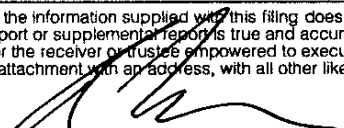
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLAR, WILLIAM R 450 SW 12 AVE POMPAÑO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: _____ Daytime Phone #: _____