2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # P02000127666** 1. Entity Name BIKINI KEY, INC. Principal Place of Business Mailing Address C/O STEVEN KRAFT, P.A. 101 DUVAL STREET 934 N UNIVERSITY DRIVE, #250 KEY WEST, FL 33040 CORAL SPRINGS, FL 33071 CR2E034 (11/05) No Chg-P 04232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3726532 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE HAMUY, NEIL 9629 PARKVIEW AVE BOCA RATON, FL 33428 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and offe if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTO HAMUY, NEIL NAME 999999536355 STREET ADDRESS 101 DUVAL STREET 05/08/06-80091-005 150.00 CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE T(T) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 directly 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 1

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED