2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 19, 2007 08:00 AM DOCUMENT # P02000127666 **Secretary of State** 1. Entity Name BIKINI KEY, INC. Principal Place of Business Mailing Address C/O STEVEN KRAFT, P.A. 101 DUVAL STREET KEY WEST, FL 33040 934 N UNIVERSITY DRIVE, #250 CORAL SPRINGS, FL 33071 CR2E034 (11/05) 01172007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3726532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMUY, NEIL DO NOT WRITE 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS .10. PSTD TITLE HAMUY, NEIL NAME 101 DUVAL STREET STREET ADDRESS U00000592543 01/19/07-80067-024 150.00 CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP