

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065425

FILED
May 17, 2006
Secretary of State

Entity Name: LANDS END REALTY OF KEY WEST, INC.

Current Principal Place of Business:

PO BOX 5223
KEY WEST, FL 33045 US

New Principal Place of Business:

1202 DUVAL STREET
KEY WEST, FL 33040 US

Current Mailing Address:

PO BOX 5223
KEY WEST, FL 33045 US

New Mailing Address:

1202 DUVAL STREET
KEY WEST, FL 33040 US

FEI Number: 20-1026508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN W GILBERTSON CPA , PA
2720 E OAKLAND PARK BLVD
109
FT LAUDERDALE, FL 33306 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDT () Delete
Name: ALLEN, ROBERT
Address: PO BOX 5223
City-St-Zip: KEY WEST, FL 33045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: ALLEN, ROBERT
Address: 1202 DUVAL STREET
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P ALLEN

PST

05/17/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date