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Secretary of State

03-14-2005 90081 017 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000138692



1. Entity Name
LOWER KEYS DEVELOPMENTS INC

Principal Place of Business
506 LOUISA STREET
KEY WEST, FL 33040 US

Mailing Address
506 LOUISA STREET
KEY WEST, FL 33040 US

2. Principal Place of Business
1229 WHITEHEAD STREET

3. Mailing Address
1229 WHITEHEAD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KEY WEST FLORIDA

City & State
KEY WEST FLORIDA

Zip 33040 Country U.S.A.

Zip 33040 Country U.S.A.

02232005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY
506 LOUISA STREET
KEY WEST, FL 33040

Name JEFFREY E. ALLEN

Street Address (P.O. Box Number is Not Acceptable)
WALLOW & ALLEN

3142 NORTHSIDE DRIVE SUITE 201

City KEY WEST FL Zip Code 33040

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

Jeffrey E. Allen CPA

3/9/2005

(NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIGBY, STEVEN J MR
STREET ADDRESS 1229 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST, FL 33040

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE P
NAME DIGBY, LISA J MRS
STREET ADDRESS 1229 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST, FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STEVEN JAMES DIGBY

2/23/05 305 293 1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Custom Phone #