

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162284

FILED
Jan 16, 2006
Secretary of State

Entity Name: ISLAND CHOPPERS OF KEY WEST, INC.

Current Principal Place of Business:

5615 THIRD AVE #8
KEY WEST, FL 33040

New Principal Place of Business:

3201 FLAGLER AVE.
SUITE 503
KEY WEST, FL 33040

Current Mailing Address:

5615 THIRD AVE #8
KEY WEST, FL 33040

New Mailing Address:

3201 FLAGLER AVE.
SUITE 503
KEY WEST, FL 33040

FEI Number: 20-1948063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, GREGORY H
5615 THIRD AVE #8
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BARNES, GREGORY H PRES
3201 FLAGLER AVE.
SUITE 503
KEY WEST, FL 33040 US

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: GREGORY H BARNES

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BARNES, GREGORY H
Address: 5615 THIRD AVE #8
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BARNES, GREGORY H
Address: 3201 FLAGLER AVE., SUITE 503
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: GREGORY H BARNES

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

Date