


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90021 001 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P05000110050</b><br>1. Entity Name<br><b>CHRISTMAS KEY TRANSPORTATION CORPORATION</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>1001 EAST ATLANTIC AVENUE<br/>SUITE 202<br/>DELRAY BEACH, FL 33483</b>  |   |  | Mailing Address<br><b>1001 EAST ATLANTIC AVENUE<br/>SUITE 202<br/>DELRAY BEACH, FL 33483</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip  |   |  | 3. Mailing Address<br><b>1000 Market Street</b><br>Suite, Apt. #, etc.<br><b>Building One</b><br>City & State<br><b>Portsmouth, NH</b><br>Zip<br><b>03801</b> |   |  |
| Country<br><b>US</b>  |   |  | 4. FEI Number<br><b>Applied For</b><br>Applied For<br>Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  | 07072006 Chg-P CR2E034 (11/05)  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>CRITCHFIELD, RICHARD H<br/>1001 EAST ATLANTIC AVENUE<br/>SUITE 201<br/>DELRAY BEACH, FL 33483</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                       |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRES.<br/>Mark Webb<br/>1001 E Atlantic Ave<br/>Delray Beach, FL 33483</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>EVP<br/>Richard C. Aze<br/>1000 Market Street<br/>Portsmouth, NH 03801</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 reports 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. |   |  |   |   |  |
| <b>SIGNATURE: _____</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |   |   |  |
| Date <b>7/16/06</b> Daytime Phone # <b>(603) 559-2100</b>   |   |  |   |   |  |

**50022450**

