

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063392

FILED
Mar 30, 2009
Secretary of State

Entity Name: KEY WEST PADDLEBOARD CLASSIC INC.

Current Principal Place of Business:

619 EATON STREET
SUITE 1
KEY WEST, FL 33040

New Principal Place of Business:

2502 HARRIS AVE.
KEY WEST, FL 33040

Current Mailing Address:

619 EATON STREET
SUITE 1
KEY WEST, FL 33040

New Mailing Address:

2502 HARRIS AVE.
KEY WEST, FL 33040

FEI Number: 26-0490989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELAUNE, ROBERT L
619 EATON ST
STE 1
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

WESTENBERGER, MICHAEL P
2502 HARRIS AVE.
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: MICHAEL P. WESTENBERGER

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DELAUNE, ROBERT L
Address: 619 EATON STREET, SUITE 1
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WESTENBERGER, MICHAEL P
Address: 2502 HARRIS AVE.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL P. WESTENBERGER

PST

03/30/2009

Electronic Signature of Signing Officer or Director

Date