


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P93000056226</b><br>1. Entity Name<br>GREETINGS FROM KEY WEST, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>819 PEACOCK PL<br>KEY WEST, FL 33040 US | Mailing Address<br>819 PEACOCK PL<br>KEY WEST, FL 33040 US |
|--|--|



01302007 No Chg-P CR2E034 (11/05)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0431449                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>HARMAN, WILLIAM B<br>819 PEACOCK PL<br>KEY WEST, FL 33040 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b><br><b>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARMAN, WILLIAM B<br>68 BAY DRIVE - BAY POINT<br>KEY WEST, FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>HARMAN, WILLIAM B<br>68 BAY DR BAY POINT<br>KEY WEST, FL 33040   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/01/07-80045-025 150.00

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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 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: William B. Harman **WILLIAM B. HARMAN** 1/30/07 305-296-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #