## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000020659

Entity Name: KEY WEST WELCOME CENTER, INC.

FILED Feb 09, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	NT ST #224			
UITE 224		LIC		
ET VVES	T, FL 33040	US		
Current Mailing Address:			New Mailing Address:	
	T ST #224			
UITE 224 EY WES	4 T, FL 33040	US		
	: 59-1274441	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
01 FRON	SWIFT, III NT STREET SI T, FL 33040	UITE 224 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
the State	e of Florida. RE:	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both,  Date
the State	e of Florida.  RE: Electro			
the State	e of Florida.  RE: Electro	nic Signature of Registered Ag	ent	
the State	e of Florida.  RE: Electro  mpaign Financir  S AND DIRECT  PD ( SWIFT, EDWI	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete N O III TREET SUITE 224	ent	Date
the State IGNATUI ection Car FFICER tle: ame: ddress:	e of Florida.  RE: Electro  mpaign Financir  S AND DIRECTO  PD ( SWIFT, EDWI 201 FRONT S' KEY WEST, F  DS ( BELLAND, CH	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete N O III TREET SUITE 224 L  ) Delete IRISTOPHER C TEET, SUITE 224	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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:	EDWIN O. SWIFT, III	Р	02/09/2006
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