2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# P99000062200

Entity Name: KEY WEST PILOT SERVICES, INC.

Current Principal Place of Business:

POST OFFICE BOX 988
KEY WEST, FL 33041

New Principal Place of Business:

1509 LAIRD ST.
KEY WEST, FL 33040

Current Mailing Address:

POST OFFICE BOX 988
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0939483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, SUSAN M
221 SIMONTON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAGUIRE, ROBERT W
Address: 28 ASTER TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: MCGRAW, MICHAEL J
Address: 1509 LAIRD ST.
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: FITZSIMMONS, ROBERT C
Address: 205 S POINT DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D ( ) Delete
Name: JOHNSON, JOHNNY K
Address: 620 THOMAS STREET #275
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT C. FITZSIMMONS D 01/14/2007

Electronic Signature of Signing Officer or Director — Date