


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 015 ***150.00

DOCUMENT # V23637		
1. Entity Name FLORIDA KEYS ADVENTURES UNLIMITED, INC.		

Principal Place of Business HOLIDAY INN MARINA MM100 KEY LARGO, FL 33037 US	Mailing Address 3170 N FEDERAL HWY STE 210 POMPANO BEACH, FL 33064 US
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50065187



2. Principal Place of Business		3. Mailing Address 3704 N. Charles St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt # 1004	
City & State		City & State Baltimore E, MD	
Zip	Country	Zip	Country
		21218	USA

08302005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0322260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLEMAN, RODERICK F ESQ 120 E PALMETTO PARK RD, #150 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LIBAUER, ROBERT 3704 M CHARLES ST BALTIMORE, MD 21218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3704 North Charles St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAPUZZO, STEVE S 3170 N. FEDERAL HWY- POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 my address, with another I am empowered.

SIGNATURE: Robert S. Libauer Robert Libauer, PS. 9/1/05 410-235-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #