FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90050 018 ****61.25

2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT							03-13-2	000 3003	7016	01.23
DOCUMENT # N9300001314 1. Entity Name ISLAND GALLERY WEST, INC.										
Principal Place of Business 5368 GULF DR N HOLMES BEACH, FL 34217		Mailing Address 5368 GULF DR N HOLMES BEACH, FL 34217					102844			RISINI NY KANDI
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03042006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State			CE 0400000			oplied For ot Applicable		
Zip	Country	Zip	Cou	intry		5. Certificate	of Status Desired	i 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent				7. Name and	Address of Nev	/ Registered	Agent	
BONSER, JOHN			Name							
	OSTWEST ON, FL 34209			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	*			City					Zip Cod	
8. The above	named entity submits this statement	for the purpose of changing	its register		register	ed agent or bot	h in the State of	Florida Lam	<u>- </u>	
	tions of registered agent.	ior the purpose of orienging	ito registori	od onioc or	- Ogloton	oo agam, ar sor	11, 111 010 01010 01	rionaa. Tan	Terrance with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registere	d Agent signatur	re required	when reinstating)		DATE		
SIGNATURE		9. Election C		inancing	re required	when reinstating) \$5.00 May B Added to Fees	e F	Make chec	k payable to	
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25	9. Election C Trust Fund	ampaign F	inancing		\$5.00 May B Added to Fees	e F	Make chec lorida Depa	rtment of St	tate
10. TIRE	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND E	9. Election C Trust Fund	Campaign F d Contribut 11.	inancing ion. [\$5.00 May B Added to Fees	ANGES TO OFFI	Make chec lorida Depa	rtment of St	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND E D MEARS, L	9. Election C Trust Fund	Campaign F d Contribut 11.	Financing ion. [D 6	\$5.00 May B Added to Fees	ANGES TO OFFI	Make chec lorida Depa CERS AND D	IRECTORS IN Change	tate
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, 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.

941-792-8078