2007 FOR PROFIT CORPORATION . ANNUAL REPORT

DOCUMENT # P02000090348

1. Entity Name ISLAND SURF, INC.

Principal Place of Business

674 BALD EAGLE DRIVE MARCO ISLAND, FL 34145

Mailing Address

674 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 FILED Apr 30, 2007 08:00 A Secretary of State



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04182007	No Chg-P	CR2E034 (11/	(U5)
4. FEI Number	, , , , , , , , , , , , , , , , , , , ,		Applied For
41-2056660			Not Applicable
		£0.75	,

,

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSHING, VICKI 1841 DOGWOOD DRIVE MARCO ISLAND, FL 34145

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4/26/07

239.394-5544

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								
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicable. (NOTE Regis	stered Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fit Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, SHANE 402 MARCO LAKE DRIVE MARCO ISLAND, FL 34145							
TITLE NAME STREET ADDRESS CHY-ST-ZIP					000000744621 05/15/07-80156-022 150.qc			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information subplied 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 suppliers that 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 repeiver of the 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.								

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR