

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90343 016 ***150.00

DOCUMENT # P95000007247
 1. Entity Name
 ISLAND VENTURE PARTNERS, INC.



Principal Place of Business: 2430 PERIWINKLE WAY, SUITE B, SANIBEL ISLAND, FL 33957
 Mailing Address: POST OFFICE BOX 716, SANIBEL ISLAND, FL 33957

50038585



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01262005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0553759
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ARMENIA, JOHN, 2430 PERIWINKLE WAY, SUITE B, SANIBEL ISLAND, FL 33957
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMENIA, LUCY			NAME			
STREET ADDRESS	2430 PERIWINKLE WAY, SUITE B			STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILDMAN, DONALD			NAME			
STREET ADDRESS	2430 PERIWINKLE WAY, STE B			STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMENIA, JOHN			NAME			
STREET ADDRESS	695 TARPON BAY ROAD SUITE 7			STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIOVANNETTI, PAUL			NAME			
STREET ADDRESS	6954 TARPON BAY ROAD SUITE 7			STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 an address, with all other like empowered.

SIGNATURE: John Armenia Date: 04/13/05 Daytime Phone #: 239-345-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR