


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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

1100000509291
 04/28/06-80038-023 150.00



DO NOT WRITE IN THIS SPACE

03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0553759	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

ARMENIA, JOHN
 2430 PERIWINKLE WAY
 SUITE B
 SANIBEL ISLAND, FL 33957

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ARMENIA, LUCY
STREET ADDRESS	2430 PERIWINKLE WAY, SUITE B
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	PD
NAME	WILDMAN, DONALD
STREET ADDRESS	2430 PERIWINKLE WAY, STE B
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	VD
NAME	ARMENIA, JOHN
STREET ADDRESS	895 TARPON BAY ROAD SUITE 7
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	VD
NAME	GIOVANNETTI, PAUL
STREET ADDRESS	6954 TARPON BAY ROAD SUIE 7
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied 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 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: *Lucy Armenia, Secy.* 4-11-06 239-395-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #