2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077939

Entity Name: ISLAND RENTAL SERVICES, INC.

FILED Mar 02, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

8842 BRACKEN WAY 14549 AERIES WAY DR FT MYERS, FL 33918 FT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

P.O. BOX 442 SANIBEL, FL 33957

FEI Number: 65-0783825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAYUSA, MICHAEL F ESQ.

1922 VICTORIA AVE., STE. A

FT. MYERS, FL 33901 US

MARTINSEN, SUZANNE M

14549 AERIES WAY

FT. MYERS, FL 33912 US

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.

SIGNATURE: SUZANNE M. MARTINSEN 03/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSPD () Delete Title: (X) Change () Addition RAMSEY, ANNE A MARTINSEN, SUZANNE M Name: Name: 8842 BRACKEN WAY 14549 AERIES WAY DR. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete Title: VSPD (X) Change () Addition Name: MARTINSEN. SUZANNE M Name: BACIK, RANDALL J

Name:MARTINSEN, SUZANNE MName:BACIK, RANDALL JAddress:14549 AERIES WAY DRAddress:12687 SUMMERWOOD DR.City-St-Zip:FORT MYERS, FL 33912City-St-Zip:FORT MYERS, FL 33908

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 BACIK, KIMBERLEE

 Address:
 Address:
 12687 SUMMERWOOD DR.

 City-St-Zip:
 City-St-Zip:
 FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE M. MARTINSEN PD 03/02/2005