


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000077939 1. Entity Name ISLAND RENTAL SERVICES, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY -9 AM 7:54

Principal Place of Business 14549 AERIES WAY DR FT MYERS, FL 33912	Mailing Address P.O. BOX 447 SANIBEL, FL 33957
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 14549 AERIES WAY DR. Suite, Apt. #, etc.	05052006 Chg-P CR2E034 (11/05)
City & State	City & State FT. MYERS FL.	4. FEI Number 65-0783825
Zip 33912	Country USA.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINSEN, SUZANNE M
 14549 AERIES WAY
 FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00075039837 05/22/06--01061--027 **61.25
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete MARTINSEN, SUZANNE M STREET ADDRESS 14549 AERIES WAY DR. CITY-ST-ZIP FORT MYERS, FL 33912
TITLE	VSPD <input checked="" type="checkbox"/> Delete BACIK, RANDALL J STREET ADDRESS 12687 SUMMERWOOD DR. CITY-ST-ZIP FORT MYERS, FL 33908
TITLE	SEC <input checked="" type="checkbox"/> Delete BACIK, KIMBERLEE STREET ADDRESS 12687 SUMMERWOOD DR. CITY-ST-ZIP FT. MYERS, FL 33908
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WENDEL, CHARLENE STREET ADDRESS 14549 Aeries Way Dr. CITY-ST-ZIP FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  5/4/06 239-634-8357