


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P99000033636

1. Entity Name
640 ISLAND DRIVE, INC.



Principal Place of Business
3540 FOREST HILL BLVD.
SUITE 203
WEST PALM BEACH, FL 33406

Mailing Address
3540 FOREST HILL BLVD.
SUITE 203
WEST PALM BEACH, FL 33406



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912213

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGETT, DEBORAH D
3540 FOREST HILL BLVD.
SUITE 203
WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HEATON, LINN
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VP
NAME	HEATON, LEE
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	P
NAME	BAGGETT, DEBORAH D
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000323798
04/25/05-80134-005 150.00

DO NOT WRITE IN THIS SPACE

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: Deborah D. Baggett Deborah D Baggett 4/20/05 5614334810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #