2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90029 012 ****61.25

DOCUMENT # 709862

1. Entity Name

ISLE OF PARADISE "B", INC.

Principal Place of Business	Mailing Address
~~450 PARADISE ISLE BLVD #105~~ HALLANDALE ~~FL~~ 33009	~~450 PARADISE~~ ISLE BLVD #105 102 HALLANDALE FL 33009

2. Principal Place of Business	3. Mailing Address
450 Paradise Isle Blvd	450 Paradise Isle Blvd
~~Suite, Apt. #, etc.~~	~~Suite, Apt. #, etc.~~
City & State: Hallandale Bch, Fl	City & State: Hallandale Bch, Fl
Zip: 33009 Country:	Zip: 33009 Country:

1st MOORE CR2E037 (10/04)

4. FEI Number: 59-1152845 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GOLDMAN, BEATRICE~~ ~~450 PARADISE ISLE BLVD~~ ~~APT 207~~ ~~HALLANDALE BEACH FL 33009~~	Name: Kasey McClung Street Address (P.O. Box Number is Not Acceptable): 450 Paradise Isle Blvd APT #310 City: Hallandale Bch FL Zip Code: 33009

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: Kasey Kahn McClung Kasey Kahn McClung Pres. 2/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARRO, JOAN 450 PARADISE ISLE BLVD APT 102 HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kasey McClung 450 Paradise Isle Blvd APT 110 Hallandale Beach, Fl 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLDMAN, BEATRICE 450 PARADISE ISLE BLVD APT. 207 HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V President Donald Francios 450 Paradise Isle Blvd Apt 108 Hallandale Bch, Fl 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIOSI, DONALD 450 PARADISE ISLE BLVD. HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kevin McClung 450 Paradise Isle Blvd Apt 110 Hallandale Beach FL, 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARTA, GRACE 450 PARADISE ISLE BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William Carney 450 Paradise Isle Blvd Apt 107 Hallandale Bch, FL 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANCIOSI, ARLINE 450 PARADISE ISLE BLVD, #108 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGUIDICE, ANITA 450 PARADISE ISLE BLVD HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Treasurer Arline Francios 2/8/05 954-457-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #