


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 007 ****61.25

DOCUMENT # 709862 1. Entity Name ISLE OF PARADISE "B", INC.					
Principal Place of Business 450 PARADISE ISLE BOULEVARD HALLANDALE FL 33009			Mailing Address 450 PARADISE ISLE BOULEVARD 102 HALLANDALE FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1152845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCCLUNG, KASEY 450 PARADISE ISLE BOULEVARD APT 310 HALLANDALE BEACH FL 33009				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 <i>Kasey McClung</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Kasey McClung</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/10/06	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MCCLUNG, KASEY 450 PARADISE ISLE BOULEVARD #110 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Kevin McClung 450 Paradise Isle Blvd #110 Hallandale FL 33009	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARNEY, WILLIAM 450 PARADISE ISLE BOULEVARD #107 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Bea Goldman 450 Paradise Isle Blvd #207 Hallandale, FL 33009	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRANCIOSI, DONALD 450 PARADISE ISLE BOULEVARD #108 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARTA, GRACE 450 PARADISE ISLE BLVD HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANCIOSI, ARLINE 450 PARADISE ISLE BLVD, #108 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOGUIDICE, ANITA 450 PARADISE ISLE BLVD #101 HALLANDALE BEACH FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <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 Section 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 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 *Arline Franciosi* 2/10/06 03-01-2006 90022 007