


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 328205 1. Entity Name ISLAND VIEW DEVELOPMENT CORP. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 8510 NAVARRE PKWY NAVARRE, FL 32566 | Mailing Address 8510 NAVARRE PKWY NAVARRE, FL 32566 |
|---|---|

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 59-1215768 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent BRUCE, IRA MAE 8510 NAVARRE PKWY NAVARRE, FL 32566 |
|---|

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRUCE, IRA MAE 8510 NAVARRE PKWY NAVARRE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEWATT, MATTHEW 8510 NAVARRE PKWY NAVARRE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARRE, BRENDA 8510 NAVARRE PKWY NAVARRE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000476934
04/06/06-80031-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Ira Mae Bruce 3-20-06 850-939-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #