


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # 430706 1. Entity Name ISLAND RENOVATIONS, INC.	
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Principal Place of Business 1405 DUVAL ST. KEY WEST, FL 33040 US	Mailing Address 1319 DUVAL STREET KEY WEST, FL 33040
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049139	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 BABICH, MATTHEW P 1319 DUVAL STREET KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
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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: <u><i>Matthew P Babich</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<u>1/5/07</u> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYER, ERWIN 903 WASHINGTON STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BABICH, MATTHEW P 1319 DUVAL STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDS, DALE G 121 W LONG LAKE RD, 3RD FLOOR BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, STUART M 121 W LONG LAKE RD 3RD FL BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000600404
01/26/07-80008-011 150.00

**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: <u><i>Matthew P Babich</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/7/07</u> <u>305/296-6577</u> <small>Date Daytime Phone #</small>