2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State 07-19-2004 90014 010 ***150.00

Pincipal Place of Business Name and Address N	DOCUMENT # F01000004694 1. Entity Name ISLAND CONSULTING, INC.							07-19-2004 9	0014 010 ***1.	
Suite, Apt. 4, etc. Suite, Ap	10351 SADDLEBOW LANE		10351 SADDLEBOW LANE						ģ400	0 3 9 4 1
Suite, Apt. 4, etc. Suite, Ap						. 1				
Suite, Apt. 9, otc. Suite	2. Principal P	lace of Business	3. Mailing Address							
SUITE 1 City & State Country	Cuito Ant	# oto	46 N. WASHINGTON BLVD			LVD.				
City & State	Suite, Mpt. #, etc.						07132004	Chg-P	CR2E034 (10/0	3)
Zip Country 34236 Country 5. Certificate of Status Desired \$8.75 Addisonal February 5. Certificate of Status Desired \$8.75 Addisonal \$8.75 Addisonal	, City & Stat	e	·				4. FEI Numbe	 er	<u> </u>	Applied For
S. Name and Address of Current Registered Agent For Particles Con John 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236 8. The above named entity submit for statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 10.						52-184	5479		Not Applicable	
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		certify that the information supplied with	this filing does not qualify for			ed in Secti	ion 119.07(3)(i), Florida Statutes	further certify that th	e 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:

PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGMING OFFICER OR DIRECTOR THOMAS N. TUBBS, President

(941) 922-3808

Dayline Phone #