


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000006268 1. Entity Name ISLAND DEVELOPMENT GROUP LIMITED, INC.	
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Principal Place of Business 390 PARK STREET SUITE 200 BIRMINGHAM, MI 48009	Mailing Address 390 PARK STREET SUITE 200 BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3083163	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

KUNKLE, CRAIG B
SUNRISE COMPANY
275 TONEYPENNA DRIVE #7
JUPITER, FL 33458

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	MD PATEL, HITEN C. M. D. 390 PARK STREET BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BASSETT, JOSEPH S M.D. 390 PARK STREET BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HOSKI, JOSEPH A M.D. 390 PARK STREET BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LALA, MICHAEL, M. D. 390 PARK STREET BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KAPDI, CHANDRAKANT C M.D. 390 PARK STREET BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/09/08-80002-002 150.00

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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: Anthony J. Jafar 5/1/08 248-645-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #