

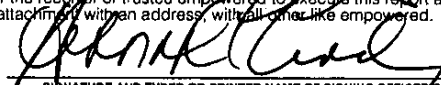


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # G19736 1. Entity Name ISLAND ONE RESORTS MANAGEMENT CORPORATION			
Principal Place of Business 8680 COMMODITY CIRCLE ORLANDO, FL 32819		Mailing Address 8680 COMMODITY CIRCLE ORLANDO, FL 32819 US	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2302506	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE STE 101 ORLANDO, FL 32819		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 _____ (NOTE: Registered Agent signature required when restate) DATE _____			
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	000000787914 01/18/08-80018-021 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LINDEN, DEBORAH L 8680 COMMODITY CIRCLE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUMBRAS, SULYN 8680 COMMODITY CIRCLE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ERFURTH, CARY J 8680 COMMODITY CIRCLE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBROOK, KAREN S 8680 COMMODITY CIRCLE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 full power like empowered.			
SIGNATURE: 		Date: 1/14/08 Daytime Phone #: (407) 854-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			