

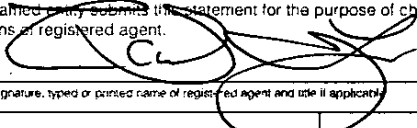
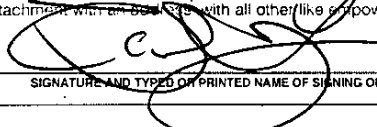


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 005 ***150.00

DOCUMENT # G92531 1. Entity Name ISLAND DESIGNS, INC.					
Principal Place of Business % CHARLES J. LETIZIA 2603 N OCEAN AVE STE L SINGER ISLAND, FL 33404			Mailing Address % CHARLES J. LETIZIA 2603 N OCEAN AVE STE L SINGER ISLAND, FL 33404		
2. Principal Place of Business 2601 N. OCEAN AVE.		3. Mailing Address 2601 N. OCEAN AVE.			
Suite, Apt. #, etc. SUITE H		Suite, Apt. #, etc. SUITE H			
City & State RIVIERA BEACH, FL		City & State RIVIERA BEACH, FL			
Zip 33404		Country		01032005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2388954		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LETIZIA, CHARLES J. 2603 N OCEAN AVE STE L SINGER ISLAND, FL 33404			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  PRESIDENT 01-04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LETIZIA, CHARLES J. 9 SPLITRAIL CIRCLE TEQUESTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLAMY, L. JOHN 9477 MOCKINGBIRD TRAIL JUPITER, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE:  PRESIDENT			01-04-05 561-842-4317 <small>Signature and typed or printed name of signing officer or director Date Cayman Phone #</small>		