

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90227 027 ***150.00

DOCUMENT # G92531 1. Entity Name ISLAND DESIGNS, INC.					
Principal Place of Business 2601 N. OCEAN AVE. SUITE H SINGER ISLAND, FL 33404			Mailing Address 2601 N. OCEAN AVE. SUITE H SINGER ISLAND, FL 33404		
2. Principal Place of Business 11911 U.S. HIGHWAY ONE		3. Mailing Address 11911 U.S. HIGHWAY ONE			
Suite, Apt. #, etc. SUITE 205		Suite, Apt. #, etc. SUITE 205			
City & State NORTH PALM BEACH, FL		City & State NORTH PALM BEACH, FL			
Zip 33408		Country		Zip 33408	
Country		4. FEI Number 59-2388954			
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 LETIZIA, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 11911 U.S. HIGHWAY ONE SUITE 205 City NORTH PALM BEACH FL Zip Code 33408		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLAMY, L. JOHN 9477 MOCKINGBIRD TRAIL JUPITER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 employees.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			CHARLES J. LETIZIA PRESIDENT 1-13-06 561-799-5204 <small>Date Daytime Phone #</small>		