


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # H03544	
1. Entity Name ISLAND PINE CORPORATION	

Principal Place of Business 901 SOUTH FEDERAL HIGHWAY #101 FORT LAUDERDALE FL 33316 US	Mailing Address 901 SOUTH FEDERAL HIGHWAY #101 FORT LAUDERDALE FL 33316 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2423263	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY #101 FORT LAUDERDALE FL 33316
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____	Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Delete
NAME	JOYNER, WILLIAMS A
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	ST <input type="checkbox"/> Delete
NAME	JOYNER, WILLIAMS A
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	JOYNER, ANNE K
STREET ADDRESS	901 S. FEDERAL HIGHWAY, SUITE 101
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	JOYNER, ALLISON
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	JOYNER, WILLIAMS A JR
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000330263
 04/25/05-80152-006 450.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____	<i>[Signature]</i>	Date 4/7/05	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #