

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H03544
 1. Entity Name
ISLAND PINE CORPORATION



FILED
07 MAY 10 PM 3:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Handwritten initials

Principal Place of Business Mailing Address
 901 SOUTH FEDERAL HIGHWAY #101 901 SOUTH FEDERAL HIGHWAY #101
 FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 US



DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2423263	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

 WILKES, JOHN P
 901 SOUTH FEDERAL HIGHWAY #101
 FORT LAUDERDALE, FL 33316

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOYNER, WILLIAMS A 901 S FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYNER, WILLIAMS A 901 S FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, ANNE K 901 S. FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, ALLISON 901 S FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, WILLIAMS A JR 901 S FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *John P. Wilkes* Date: 3/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #