

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H13854

1. Entity Name

ISLAND POWER PRODUCTS, INC.



Principal Place of Business

5576 DOUG TAYLOR CIR
 SAINT JAMES CITY FL 33956
 US

Mailing Address

PO BOX 13
 PINELAND FL 33945
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-2434265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTSON, RUSSELL W.
 14120 BOKEELINA RD
 P.O BOX 301
 PINELAND FL 33945

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

Signature: type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST Delete
 NAME: MATTSON, RUSSELL W
 STREET ADDRESS: 5576 DOUG TAYLOR CIR
 CITY - ST - ZIP: ST JAMES CITY FL

TITLE: Change Addition
 NAME: **U000000348502**
 STREET ADDRESS: **05/02/05-80028-009 150.00**
 CITY - ST - ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Change Addition
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 CITY - ST - ZIP:

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 an address, with all other like empowered.

SIGNATURE:

Russell W Mattson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 April 05
 Date

Daytime Phone #