2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K24418

Entity Name: ISLAMORADA RESORT, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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M.M. 82 BAYSIDE M.M. 82 BAYSIDE 89240 OVERSEAS HWY, SUITE 5 96 MADEIRA ROAD

ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 869 POST OFFICE BOX 289

ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US

FEI Number: 65-0056251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OTTO FITZDAM WAYNE OTTO-FITZDAM, WAYNE CPA
19890 SW 272 STREET
HOMESTEAD, FL 33031 US OTTO-FITZDAM, WAYNE CPA
19890 SW 272 STREET
HOMESTEAD, FL 33031 US

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.

SIGNATURE: WAYNE OTTO-FITZDAM 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: () Change () Addition

 Name:
 OTTO-FITZDAM, WAYNE,
 Name:

 Address:
 19890 SW 272 STREET
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33031
 City-St-Zip:

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 JACOB, RICHARD,
 Name:

 Address:
 2305 FAR HILLS AVE #206
 Address:

 City-St-Zip:
 DAYTON, OH 45419
 City-St-Zip:

Name: KULISKY, FRANK, Name: KULISKY, FRANK R.,

Address: 134 BAYVIEW ISLE DR., P.O. BOX 869 Address: 124 BAYVIEW ISLE DR., P.O. BOX 869

City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK R. KULISKY PRES 04/30/2004