2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# K81429

Entity Name: ISLAND BREEZE AFFILIATES INC.

Current Principal Place of Business:

1215 E WASHINGTON STREET
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 617153
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-2969678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARCLAY, GLEN
1581 SACKETT CIR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: BARCLAY, GLEN,
Address: 1581 SARKETT CIR
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: STARS, DIANN
Address: 3588 W ST. BRIDGE CIR
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: DIXON, SAUNDRA
Address: 3316 NW 39TH LN
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: BLAKE, APRIL
Address: 809 SLEEPY CT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STARR, DIANN
Address: 3588 W ST. BRIDGE CIR
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: APRIL BLAKE D 04/13/2005

Electronic Signature of Signing Officer or Director Date