

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81429

FILED  
Mar 02, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: BARCLAY, GLEN  
Address: 1581 SACKETT CIR  
City-St-Zip: ORLANDO, FL 32818

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

Title: D  
Name: DIXON, SAUNDRA  
Address: 4601 CHANDLER GROVE COURT  
City-St-Zip: RALEIGH, NC 27612

Title: DST  
Name: BLAKE, APRIL  
Address: 809 SLEEPY CT  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: GLEN BARCLAY

CPD

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date