

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K86657

FILED
Aug 30, 2005
Secretary of State

Entity Name: ISLAND TECHNOLOGY, INC.

Current Principal Place of Business:

% ROBERT K. MILLER
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

% ROBERT K. MILLER
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050

New Mailing Address:

FEI Number: 65-0120482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT K.
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050 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: PD () Delete
Name: KENNEDY, JOSEPH V.,
Address: 544 STONE CREEK WAY
City-St-Zip: NORFORK, AR 72658

Title: SD () Delete
Name: KENNEDY, DEBRA
Address: 544 STONE CREEK WAY
City-St-Zip: NORFORK, AR 72658

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEBRA L. KENNEDY

SD

08/30/2005

Electronic Signature of Signing Officer or Director

Date