2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # L53628 ISLAND COAST PROPERTIES, INC. Mailing Address Principal Place of Business 14009 IMAGE LAKE COURT 14009 IMAGE LAKE COURT FORT MYERS, FL 33907 FORT MYERS, FL 33907 CR2E034 (11/05) 01032006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0175028 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAYMOND, MICHAEL G. DO NOT WRITE 14009 IMAGE LAKE COURT FORT MYERS, FL 33907 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DUUUUU411845 \$. Election Campaign Financing \$5.00 May Be 02/10/06-80024-003 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD UTLE RAYMOND, MICHAEL G. NAME STREET ADDRESS 14009 IMAGE LAKE CT FORT MYERS, FL 33907 C/TY-ST-77P TITLE NAME STREET ADDRESS C7TY - S7 - 27P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAEL G. PAYMOND /23/06 23956/3678

FILED