


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L89782 1. Entity Name ISLAND STYLE INCORPORATED |  |
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|---|---|
| Principal Place of Business 2075 PERIWINKLE SUITE 16 SANIBEL ISLAND, FL 33957 | Mailing Address 2075 PERIWINKLE SUITE 16 SANIBEL ISLAND, FL 33957 |
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DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0213388 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**STUGLINS, DYAN
556 SEA OATS DR.
SANIBEL ISLAND, FL 33957**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS STUGLIN, DIANE 556 SEA OATS DRIVE SANIBEL, FL |
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05/15/07-80001-007 150.00

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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 607, 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: Diane Stuglin **DIANE STUGLIN** 04.28.07 305.292.7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #