2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # M26313 1. Entity Name ISLAND HOUSE INC.				04-20	04-20-2007 90200 002 ***150.00			
Principal Plac	e of Business	Mailing Address						
2221 NE 164TH ST		2221 NE 164TH ST				500	01499	n
SUITE 363 N Miami Beach, Fl. 33160		SUITE 363 N MIAMI BEACH, FL 33160				0001	11435	j
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007	04172007 Chg-P CR2E034		4 (12/06)	
City & State		City & State		4. FEI Numbe		. ,	I Ac	oplied Fo
				59-263		·		ot Applic
Zip	Country	Zip Cou	intry	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and	Address of New R		•	
POCHLIN APTHID O			Name					
ROCHLIN, ARTHUR P. 2221 NE 164TH ST			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 363 N MIAMI BCH, FL 33160								
IA IAII\	JOH, I E 33100		City		······································		Zip Cod	ie.
(P. The above	named entity submits this statement for	the property of shorting its analysis	'			FL	I '	
the obligat	tions of registered agent.	the purpose of changing its registe	aled office or rei	gistered agent, or bot	n, in the State of Fic	orida. I am ta	umiliar with,	and ac
SIGNATURE.								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registe	red Agent signature re	equired when reinstating)	···	DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fin		\$5.00 May Be				
After M	ay 1, 2007 Fee will be \$550.0	Trust Fund Contribution	ı. 📙	Added to Fees				
10.	OFFICERS AND I		·	ADDITIONS/	CHANGES TO OFF			
TITLE NAME	D ROCHLIN, ARTHUR P.		ILE I				Change	[] Ad
STREET ADDRESS	2221 NE 164TH ST STE 363	_ · · ·	REET ADDRESS					
CITY-ST-ZIP	N MIAMI BCH, FL 33160		TY-ST-ZIP					
TITLE NAME	D RACHLIN, SUSAN J		TLE				☐ Change	☐ Ad
STREET ADDRESS	2221 NE 164TH ST STE 363	II '	REET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 3316		TY-ST-ZIP					
TITLE			DE				☐ Change	☐ Ad
NAME STREET ADDRESS			ME REET ADDRESS					
CITY-ST-ZIP			TY-ST-ZIP					
TITLE		☐ Delete II	TLE .				☐ Change	□ Ad
NAME			ME					
STREET ADDRESS CITY-ST-ZIP			REET ADDRESS TY-ST-ZIP					
TITLE			TLE				☐ Change	☐ Ad
NAME	}		ME					<u></u>
STREET ADDRESS			REET ADDRESS					
CITY-ST-ZIP			TY-ST-ZIP		·		[] OL	
TITLE NAME			TLE				Change	☐ Ad
STREET ADDRESS			REET ADDRESS					

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 informati-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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CICALATUDE.

11/17/Ax 305-3/8-3266