

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87844

Entity Name: ISLANDIA, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

1533 SW 1ST WAY
SUITE F14
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15940
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0102285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKLEDGE, GARY L P
1927 NW 80TH AVENUE
MARGATE, FL 33063 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: BLACKLEDGE, GARY L
Address: 1927 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063 US

Title: EVPD () Delete
Name: BLACKLEDGE, GREGORY L
Address: 1923 NW 80TH AVE
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: BLACKLEDGE, GARY L
Address: 1927 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: BLACKLEDGE, GLENN L
Address: 1927 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: GARY L. BLACKLEDGE

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date