2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N01000007907

Entity Name: MARINER'S POINTE I.S.C.A, INC.

Current Principal Place of Business:

19829 GULF BOULEVARD
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

19829 GULF BOULEVARD
UNIT 403
INDIAN SHORES, FL 33785 US

New Mailing Address:

FEI Number: 59-3756009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, NOELLE
19829 GULF BOULEVARD
UNIT 403
INDIAN SHORES, FL 33785 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, KENNETH
Address: 3501 HOLLOW OAK PLACE
City-St-Zip: BRANDON, FL 335118139 US

Title: VD ( ) Delete
Name: TUTTLE, SHANNON
Address: 19829 GULF BLVD # 404
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: STD ( ) Delete
Name: DANIEL, NOELLE
Address: 19829 GULF BOULEVARD # 403
City-St-Zip: INDIAN SHORES, FL 33785 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CORLEY, SHARON
Address: 1825 VIRGINIA LEE CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: PD (X) Change ( ) Addition
Name: TUTTLE, SHANNON
Address: 19829 GULF BLVD # 404
City-St-Zip: INDIAN SHORES, FL 33785 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOELLE DANIEL STD 04/28/2005

Electronic Signature of Signing Officer or Director — Date