

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002942

FILED
Apr 28, 2005
Secretary of State

Entity Name: ISLAND SANDS I.R.B.C.A., INC.

Current Principal Place of Business:

504 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD #202
INDIAN SHORES, FL 337853202

New Mailing Address:

FEI Number: 02-0589890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
202
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: BAKER, VICKI L
Address: 144 THE WOODLANDS
City-St-Zip: KANSAS CITY, MO 64119

Title: VD () Delete
Name: OTERO, CHARLES
Address: 18218 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: STD () Delete
Name: TOLBERT, ROBERT
Address: 4521 CULBREATH AVENUE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change () Addition
Name: BAKER, VICKI L
Address: 144 THE WOODLANDS
City-St-Zip: KANSAS CITY, MO 64119

Title: D (X) Change () Addition
Name: GRADOWSKI, GERRY
Address: 1460 GULF BLVD # 1211
City-St-Zip: CLEARWATER, FL 33767

Title: PD (X) Change () Addition
Name: TOLBERT, ROBERT
Address: 4521 CULBREATH AVENUE
City-St-Zip: TAMPA, FL 33609

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: VICKI BAKER

VSTD

04/28/2005

Electronic Signature of Signing Officer or Director

Date