

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006206

FILED
Aug 02, 2005
Secretary of State

Entity Name: ISLAND BREEZE ORLANDO, INC

Current Principal Place of Business:

539 BOHANN ON BOULEVARD
ORLANDO, FL 32824

New Principal Place of Business:

12648 CHELMSFORD CT.
ORLANDO, FL 32837

Current Mailing Address:

539 BOHANNON BLVD.
ORLANDO, FL 32824

New Mailing Address:

P.O BOX 771315
ORLANDO, FL 32877

FEI Number: 58-2676756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: BROWN, MAIMA
Address: 539 BOHANNON BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: BROWN, ARIU
Address: 539 BOHANNON BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: COLLINS, MAUREEN
Address: 539 BOHANNON BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: TD (X) Delete
Name: VALLE, RUDY
Address: 539 BOHANNON BLVD.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MAIMA
Address: 12648 CHELMSFORD CT
City-St-Zip: ORLANDO, FL 32837

Title: VD (X) Change () Addition
Name: BROWN, ARIU
Address: 12648 CHELMSFORD CT.
City-St-Zip: ORLANDO, FL 32837

Title: S (X) Change () Addition
Name: COLLINS, MAUREEN
Address: 12648 CHELMSFORD CT
City-St-Zip: ORLANDO, FL 32837

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: MAIMA BROWN

PD

08/02/2005

Electronic Signature of Signing Officer or Director

_____ Date