2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N06000004156

Entity Name: ISLA BELLA ISLE, INC.

Current Principal Place of Business:

500 SEMORAN BLVD., STE. 2064
CASSELBERRY, FL 327075343

New Principal Place of Business:

10728 DARK WATER COURT
CLERMONT, FL 34715

Current Mailing Address:

POST OFFICE BOX 180326
CASSELBERRY, FL 32718

New Mailing Address:

POST OFFICE BOX 206
MINNEOLA, FL 34755

FEI Number: 20-4604673 **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:

HILLEBRANDT, JOSEPH M.
500 SEMORAN BLVD., STE. 2064
CASSELBERRY, FL 327075343 US

Name and Address of New Registered Agent:

WILSON, DEBY
10813 TOAD ROAD
CLERMONT, FL 34715 US

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: DEBY WILSON 05/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRISZ, JEFF
Address: 500 SEMORAN BLVD., STE. 2064
City-St-Zip: CASSELBERRY, FL 327075343

Title: D ( ) Delete
Name: GRAYFORD, GUY
Address: P.O. BOX 1709
City-St-Zip: MINNEOLA, FL 34755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ATLANTIC INVESTMENTS LLC
Address: 5872 S. 900 E #100
City-St-Zip: SALT LAKE CITY, UT 84121 US

Title: D (X) Change ( ) Addition
Name: LAURO, L W
Address: 5872 S. 900 E #100
City-St-Zip: SALT LAKE CITY, UT 84121 US

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

SIGNATURE: L. W. LAURO D 05/08/2009
Electronic Signature of Signing Officer or Director — Date