


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P00000047266 1. Entity Name ISLAND IMAGES RESORT WEAR, INC.					
Principal Place of Business 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174			Mailing Address P.O. BOX 730244 ORMOND BEACH, FL 32173		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3648602	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUHN, LINDA H 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KUHN, LINDA H 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KUHN, WILLIAM 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(Empty)					
(Empty)					
(Empty)					
(Empty)					
(Empty)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Linda Kuhn</u> 4.9.07 386 6736489					