

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000047266

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** ISLAND IMAGES RESORT WEAR, INC.

**Current Principal Place of Business:**

2 TIDEWATER DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

376 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

P.O. BOX 730244  
ORMOND BEACH, FL 32173

**New Mailing Address:**

376 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 59-3648602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUHN, LINDA H  
2 TIDEWATER DRIVE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

KUHN, LINDA H  
376 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169 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: LINDA

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: KUHN, LINDA H  
Address: 376 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA

P

03/08/2011

Electronic Signature of Signing Officer or Director

Date