

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077186

FILED
May 24, 2006
Secretary of State

Entity Name: ISLAND CLUB RESORT DEVELOPMENT, INC.

Current Principal Place of Business:

101 GOLDEN MALAY PALM WAY
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

510 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

510 DOUGLAS AVE #1001
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3675161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, DAVID
400 SADDLE WORTH PL
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

MEADOWS, DAVID
400 SADDLEWORTH PL
HEATHROW, FL 32746 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: DAVID MEADOWS

05/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEADOWS, DAVID
Address: 510 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: MEIXNER, DEANNA
Address: 101 GOLDEN MALAY PALM WAY
City-St-Zip: DAVENPORT, FL 33897

Title: S () Delete
Name: ACEREALE, TIFFANY
Address: 510 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEADOWS, DAVID
Address: 510 DOUGLAS AVE #1001
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ACIREALE, TIFFANY
Address: 510 DOUGLAS AVE #1001
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MEADOWS

D

05/24/2006

Electronic Signature of Signing Officer or Director

Date