

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021522

FILED
Jul 11, 2006
Secretary of State

Entity Name: ISLAND VACATIONS AND CRUISES INC.

Current Principal Place of Business:

283 CRANES ROOST BLVD
STE 111
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

283 CRANES ROOST BLVD
STE 111
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 01-0619625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMBINI, TRACI F
283 CRANES ROOST BLVD
STE 111
ALTAMONTE SPRINGS, FL 32701 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

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: PALOMBINI, TRACI F
Address: 283 CRANES ROOST BLVD. STE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PALOMBINI, TRACI F
Address: 283 CRANES ROOST BLVD. STE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: TRACI PALOMBINI

PRES

07/11/2006

Electronic Signature of Signing Officer or Director

Date