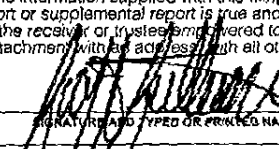


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000025099						
1. Entity Name ISLAND PROVISIONS, INC.						
Principal Place of Business 240 N. KROME AVE. FLORIDA CITY, FL 33034	Mailing Address 240 N. KROME AVE. FLORIDA CITY, FL 33034	 01232006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 65-1085455</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-1085455	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SULLIVAN, SCOTT 240 N. KROME AVE. FLORIDA CITY, FL 33034		DO NOT WRITE IN THIS SPACE				
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.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN0000410425 02/09/06-80036-010 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, SCOTT 6155 NW 99TH WAY PARKLAND, FL 33076					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, FRANCES 6155 NW 99TH WAY PARKLAND, FL 33076					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOTZ, CHARLES R 536 HAWKSBILL ISLAND DR. SATELLITE BEACH, FL 32937					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/25/06 (305) 243-1600 Date Daytime Phone #				