


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90040 035 ***150.00

DOCUMENT # P0100035304

1. Entity Name
 ISLAND REALTY, INC.



Principal Place of Business Mailing Address
 636 KINGSLEY AVE. PO BOX 2724
 SUITE D ORANGE PARK, FL 32067 US
 ORANGE PARK, FL 32073 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 @ 36 Kingsley Ave @ 36 Kingsley Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State City & State
 Orange Park, FL Orange Park, FL
 Zip Country Zip Country
 32073 US 32073 US

4. FEI Number Applied For
 59-3719999 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WELCH, PAMELA A
 636 KINGSLEY AVE
 SUITE D
 ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 @ 36 Kingsley Ave
 City State Zip Code
 Orange Park FL 32073

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P <input type="checkbox"/> Delete
NAME	WELCH, PAMELA A
STREET ADDRESS	3779 WESTOVER ROAD
CITY-ST-ZIP	ORANG PARK, FL 32003
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	@ 36 Kingsley Avenue
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Pamela Welch 1/20/08 (904) 215-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #