

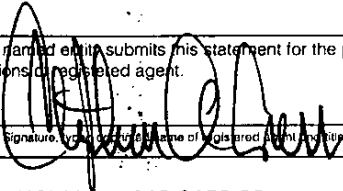
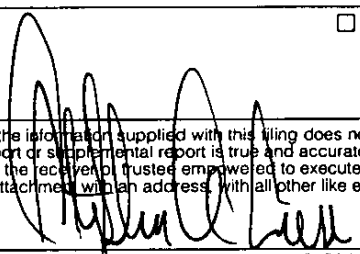


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90281 029 \*\*\*150.00

<b>DOCUMENT # P01000036492</b> 1. Entity Name <b>ISLAND INSURANCE COMPANY</b>					
Principal Place of Business <b>1980 N ATLANTIC AVE, STE 808 COCOA BEACH, FL 32931</b>			Mailing Address <b>1980 N ATLANTIC AVE, STE 808 COCOA BEACH, FL 32931</b>		
2. Principal Place of Business - No P.O. Box # <b>1980 N. ATLANTIC AVE</b>		3. Mailing Address <b>1980 N. ATLANTIC AVE.</b>			
Suite, Apt. #, etc. <b>#808</b>		Suite, Apt. #, etc. <b>#808</b>		04202007    Chg-P    CR2E034 (12/06)	
City & State <b>COCOA BEACH FLORIDA</b>		City & State <b>COCOA BEACH, FLORIDA</b>		4. FEI Number <b>59-3713857</b>	
Zip <b>32931</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CRESS, JUDITH F 1980 N ATLANTIC AVE, STE 808 COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name <b>STEPHEN A. CRESS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1980 N. ATLANTIC AVE #808</b> City <b>COCOA BEACH</b> FL    Zip Code <b>32931</b>		
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 		<b>STEPHEN A. CRESS</b>		<b>4/20/07</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESS, JUDITH F 1980 N ATLANTIC AVE, STE 808 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D STEPHEN A. CRESS 1980 N. ATLANTIC AVE, #808 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 		<b>STEPHEN A. CRESS</b>		<b>4/20/07 (32)4314050</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	