2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P01000062961

Entity Name: ISLAND CAREERS, INC.

Current Principal Place of Business:

7112 WOOD MONT AVE.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

P.O BOX 451914
FT. LAUDERDALE, FL 33345

New Mailing Address:

FEI Number: 65-1144454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRICKS, XANDRIA
P.O BOX 451914
FT. LAUDERDALE, FL 33345 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: PVT ( ) Delete
Name: HENDRICKS, XANDRIA
Address: 7112 WOOD MONT AVE.
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: HENDRICKS, TRIA
Address: P.O BOX 451914
City-St-Zip: FT. LAUDERDALE, FL 33345

Title: MD ( ) Delete
Name: HENDRICKS, MICHELLE
Address: P.O BOX 451914
City-St-Zip: FT. LAUDERDALE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change ( ) Addition
Name: HENDRICKS, XANDRIA
Address: P.O BOX 451914
City-St-Zip: FT. LAUDERDALE, FL 33345

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

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

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: XANDRIA HENDRICKS MS. 05/02/2006

Electronic Signature of Signing Officer or Director Date