

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000073121

1. Entity Name  
ISLANDS IN THE SUN NURSERY INC.



**FILED  
May 21, 2007 8:00 am  
Secretary of State**

05-21-2007 90051 025 \*\*\*150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070		Mailing Address PO BOX 101 TAVERNIER FL 33070	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA
6. Name and Address of Current Registered Agent  RIVERS, JESSE DUSTI 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070			
7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code _____			

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 Jesse Dusti Rivers Jesse Dusti Rivers PRESIDENT 219/07  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-SI-ZIP	P RIVERS, JESSIE DUSTI 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP
NAME STREET ADDRESS CITY-SI-ZIP	S MORRELL, NANCY 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP
NAME STREET ADDRESS CITY-SI-ZIP	T ZAMORE, CIRRILIO 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070	<input checked="" type="checkbox"/> Delete <b>DELETE</b>	NAME STREET ADDRESS CITY-SI-ZIP
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NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jesse Dusti Rivers Jesse Dusti Rivers 219/07 500 1549  
(Signature and Typed or Printed Name of Signing Officer or Director) Daytime Phone #