


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000077409 1. Entity Name ISLAND PRINCESS INC. |  |
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|--|--|
| Principal Place of Business 3624D SW QUAIL MEADOW TR PALM CITY, FL 34990 | Mailing Address 3624D SW QUAIL MEADOW TR PALM CITY, FL 34990 |
|--|--|

DO NOT WRITE IN THIS SPACE



02102008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 22-3822122 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CLAIR, BARBARA A
3642D SW QUAIL MEADOW TR
PALM CITY, FL 34990**

**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 reinstating) DATE

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CLAIR, EDWARD J SR 2207 VOORHIES AVENUE BROOKLYN, NY 11235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OLIVIA, NATALE P JR 23 AVE. B PORT WASHINGTON, NY 11050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CLAIR, BARBARA 3624D S.W. QUAIL MEADOW TRAIL PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/25/08-80007-020 150.00

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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: Barbara A. Clair Barbara A. Clair 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #