

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078937

Entity Name: ISLAND BLOOM, INC.

FILED  
Mar 12, 2004  
Secretary of State

## Current Principal Place of Business:

C/O SALLY JOHNSON  
3332 INLET HARBOR TRAIL  
STUART, FL 34996

## Current Mailing Address:

C/O SALLY JOHNSON  
3332 INLET HARBOR TRAIL  
STUART, FL 34996

## New Principal Place of Business:

C/O SALLY JOHNSON  
1950 PALM CITY RD 2-206  
STUART, FL 34994

## New Mailing Address:

C/O SALLY JOHNSON  
1950 PALM CITY RD 2-206  
STUART, FL 34994

FEI Number: 65-1133860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURSON, ROBERT A PA  
310 W. FIRST ST.  
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHNSON, SALLY  
Address: 3332 INLET HARBOR TRAIL  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: ALIPERTI, GARY  
Address: 1075 NE OCEANVIEW CIR.  
City-St-Zip: JENSEN BEACH, FL 34957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JOHNSON, SALLY  
Address: 1950 PALM CITY RD 2-206  
City-St-Zip: STUART, FL 34994

Title: D (X) Change ( ) Addition  
Name: ALIPERTI, GARY  
Address: 1001 SW FLAGLER DR. APT 704  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALLY R JOHNSON

PRES

03/12/2004

Electronic Signature of Signing Officer or Director

Date