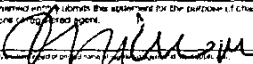
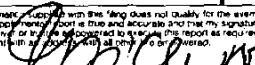


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 003 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000009370																																																																																						
1. Entity Name ISLAND BAMBOO INC.																																																																																						
Principal Place of Business 1362 SE 16TH AVENUE HOMESTEAD, FL 33035		Mailing Address POST OFFICE BOX 1808 TAVERNER, FL 33070																																																																																				
2. Principal Place of Business - Alt. P.O. Box #		3. Mailing Address																																																																																				
Bldg. Apt. #, etc.		State Apt. #, etc.																																																																																				
City & State		City & State																																																																																				
Zip		County																																																																																				
4. FEI Number 75-2995345		Applies For Not Applicable																																																																																				
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																						
6. Name and Address of Current Registered Agent IGNACIO, JOSEPH C 1362 SE 78TH VE HOMESTEAD, FL 33035		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1362 S.E. 16TH AVENUE City FL Zip Code																																																																																				
8. The above named agent submits the statement for the purpose of changing to registered office or registered agent, or both, in the State of Florida, and accepts the obligations of a registered agent.																																																																																						
SIGNATURE:  5/1/07																																																																																						
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																						
10. OFFICERS AND DIRECTORS																																																																																						
<table border="1"><thead><tr><th>10.</th><th>OFFICERS AND DIRECTORS</th><th>11.</th><th>ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 11</th></tr></thead><tbody><tr><td>TITLE</td><td>PTD</td><td>TITLE</td><td></td></tr><tr><td>NAME</td><td>IGNACIO, JOSEPH C</td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1362 SE 78TH VE</td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>HOMESTEAD, FL 33035</td><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td>CITY-STATE-ZIP</td><td></td></tr></tbody></table>			10.	OFFICERS AND DIRECTORS	11.	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 11	TITLE	PTD	TITLE		NAME	IGNACIO, JOSEPH C	NAME		STREET ADDRESS	1362 SE 78TH VE	STREET ADDRESS		CITY-STATE-ZIP	HOMESTEAD, FL 33035	CITY-STATE-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-STATE-ZIP		CITY-STATE-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-STATE-ZIP		CITY-STATE-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-STATE-ZIP		CITY-STATE-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-STATE-ZIP		CITY-STATE-ZIP	
10.	OFFICERS AND DIRECTORS	11.	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 11																																																																																			
TITLE	PTD	TITLE																																																																																				
NAME	IGNACIO, JOSEPH C	NAME																																																																																				
STREET ADDRESS	1362 SE 78TH VE	STREET ADDRESS																																																																																				
CITY-STATE-ZIP	HOMESTEAD, FL 33035	CITY-STATE-ZIP																																																																																				
TITLE		TITLE																																																																																				
NAME		NAME																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																				
CITY-STATE-ZIP		CITY-STATE-ZIP																																																																																				
TITLE		TITLE																																																																																				
NAME		NAME																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																				
CITY-STATE-ZIP		CITY-STATE-ZIP																																																																																				
TITLE		TITLE																																																																																				
NAME		NAME																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																				
CITY-STATE-ZIP		CITY-STATE-ZIP																																																																																				
TITLE		TITLE																																																																																				
NAME		NAME																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																				
CITY-STATE-ZIP		CITY-STATE-ZIP																																																																																				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 both, as designated 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 this report, and all other information required.																																																																																						
SIGNATURE:  5/1/07																																																																																						