

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034890

FILED
Apr 24, 2006
Secretary of State

Entity Name: ISLAND BEAT MARKETING, INC.

Current Principal Place of Business:

4141 NW 5TH ST STE 104
PLANTATION, FL 33317

New Principal Place of Business:

4141 NW 5TH STREET
100
PLANTATION, FL 333172158

Current Mailing Address:

4141 NW 5TH ST STE 104
PLANTATION, FL 33317

New Mailing Address:

4141 NW 5TH STREET
100
PLANTATION, FL 33317

FEI Number: 03-0415182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.A. AITCHESON & ASSOC. INC
4141 NW 5TH ST STE 104
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

M.A. AITCHESON & ASSOC. INC
4141 NW 5TH STREET
100
PLANTATION, FL 33317 US

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: MICHAEL A. AITCHESON

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIXON, KAREN
Address: 4141 NW 5TH ST STE 104
City-St-Zip: PLANTATION, FL 33317

Title: PMD () Delete
Name: AITCHESON, MIKE
Address: 4141 NW 5TH ST STE 104
City-St-Zip: PLANTATION, FL 33317

Title: DS () Delete
Name: SCOTT, DENESE
Address: 4024 BAYCHESTER AVE.
City-St-Zip: BRONX, NY 10452

Title: D () Delete
Name: CORTES, ALFREDO
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NIXON, KAREN
Address: 4141 NW 5TH ST STE 100
City-St-Zip: PLANTATION, FL 33317

Title: PMD (X) Change () Addition
Name: AITCHESON, MIKE
Address: 4141 NW 5TH ST STE 100
City-St-Zip: PLANTATION, FL 33317

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: MICHAEL A AITCHESON

PMD

04/24/2006

Electronic Signature of Signing Officer or Director

Date