2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034890

PLANTATION, FL

City-St-Zip:

Entity Name: ISLAND BEAT MARKETING, INC.

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	5TH STREET					
100 PLANTATI	ION, FL 33317	2158				
	lailing Addres		New Maili	ng Address	:	
	5TH STREET			-		
100						
	ION, FL 33317					
FEI Number	: 03-0415182	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
	HESON & ASS 5TH STREET	SOC. INC				
	ION, FL 33317	US				
The above in the State	e named entity s e of Florida.	submits this statement for the	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
		ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () NIXON, KAREN 4141 NW 5TH S PLANTATION, F	ST STE 100	Title: Name: Address: City-St-Zip:	AITCHESON	(X) Change ()Addition -BLAND, SHANNA H ST STE 100 N, FL 33317	
Title: Name: Address: City-St-Zip:	PMD () AITCHESON, M 4141 NW 5TH S PLANTATION, F	ST STE 100	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () SCOTT, DENES 4024 BAYCHES BRONX, NY 10	STER AVE.	Title: Name: Address: City-St-Zip:	D FENTON, TA 4141 NW 5T PLANTATION	H STREET	
Title: Name: Address:	D (X) CORTES, ALFF 4141 NW 5TH 5		Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL A AITCCHESON PMD 03/16/2007