
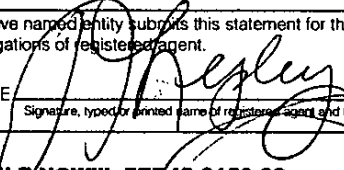
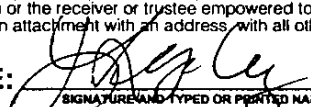


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90099 045 ***150.00

DOCUMENT # P02000047247			
1. Entity Name ISLAND GIRL INTERIORS, INC.			
Principal Place of Business 5316 MARINA DRIVE HOLMES BEACH, FL 34217 US		Mailing Address 510 BAYVIEW DRIVE HOLMES BEACH, FL 34217 US	
2. Principal Place of Business 5316 Marina Dr. Suite, Apt. #, etc.		3. Mailing Address 5316 Marina Dr. Suite, Apt. #, etc.	
City & State Holmes Beach FL Zip 34217 Country USA		City & State Holmes Beach FL Zip 34217 Country USA	
4. FEI Number 32-0011985		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEPLEY, JACKIE L 510 BAYVIEW DRIVE HOLMES BEACH, FL 34217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 216 57th W. Bradenton City FL Zip Code 34209	
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)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEPLEY, JACKIE L. 510 BAYVIEW DRIVE HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/6/06 Daytime Phone #: 941-780-0904	

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01092006 Chg-P CR2E034 (11/05)