2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 14, 2007 8:00 am Secretary of State DOCUMENT # P02000047247 1. Entity Name 05-14-2007 90067 035 ***150 00 ISLAND GIRL INTERIORS, INC. Principal Place of Business Mailing Address 5316 MARINA DR HOLMES BEACH FL 34217 5316 MARINA DR HOLMES BEACH FL 34217 2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 32-0011985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ame LEPLEY, JACKIE L 216 51ST W Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** Zip Code 8. The above named on ity 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 ol registived agent and title in applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE ☐ Addition LEPLEY, JACKIE L NAME NAME 510 BAYVIEW DRIVE STREET ADORESS STREET ADDRESS HOLMES BEACH FL 34217 CITY - ST - ZIP CITY-SI-7IP TITLE ☐ Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP -11712---□-Datete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 78P DILLE ☐ Defete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete IIIŒ ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP TITLE Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 emperered 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.

FILED