

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90055 038 ***150.00

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # P02000052175 1. Entity Name ISLAND BODY & SOL INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 86739 OLD HWY ISLAMORADA, FL 33036 | | | Mailing Address 86739 OLD HWY ISLAMORADA, FL 33036 | | |
| 2. Principal Place of Business - No P.O. Box # 83311 OLD HWY Suite, Apt. #, etc. | | 3. Mailing Address 83311 OLD HWY Suite, Apt. #, etc. | | | |
| City & State ISLAMORADA FL Zip 33036 Country U.S. | | City & State ISLAMORADA FL Zip 33036 Country U.S. | | 4. FEI Number 03-0434351 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MORTON, JAMES C 86739 OLD HWY ISLAMORADA, FL 33036 | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 83311 OLD HWY City ISLAMORADA FL Zip Code 33036 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORTON, JAMES C 83311 OLD HWY ISLAMORADO, FL 33036 <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 | PVST MORTON, JAMES C 83311 OLD HWY ISLAMORADO, FL 33036 <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 | |
| 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 | |
| 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 | |
| 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: <i>James C. Morton</i> James C. Morton | | | 7-7-07 305 360-0804 <small>Date Daytime Phone #</small> | | |

ATTACHMENT
40124513
#P02000052175

AS YOU CAN SEE, WE MOVED AND NEVER REVIEWED THE ORIGINAL
NOTICE OR REPORT. LUCKILY THE POST OFFICE FORWARDED THE INTENT
TO DISSOLVE NOTICE AND WE CAUGHT IT IN TIME. THANK YOU
FOR YOUR COOPERATION J. M. J.