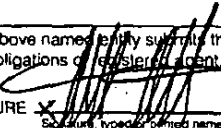
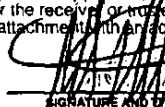


FILED
May 12, 2003 8:00 am
Secretary of State

03-21-2003 90116 028 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000125218																											
1. Entity Name ISLAND REEFS RESORT, INC																											
Principal Place of Business 7205 INTERNATIONAL DRIVE ORLANDO FL 32819		Mailing Address 7205 INTERNATIONAL DRIVE ORLANDO FL 32819																									
2. Principal Place of Business 5895 CARRIER DR.		3. Mailing Address Same																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Orlando FL		City & State																									
Zip 32819		Country ORANGE																									
4. FEI Number 74-3089450		☐ CHECK HERE IF MAKING CHANGES																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent SOTOLONGO, PETER 7205 INTERNATIONAL DRIVE ORLANDO FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5895 CARRIER DR City ORLANDO FL Zip Code 32819																									
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  DATE 3-18-03 (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!!..FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"><tr><td>TITLE</td><td>P</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>SOTOLONGO, PETER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7205 INTERNATIONAL DRIVE 5895 CARRIER DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO FL 32819</td><td></td></tr></table>		TITLE	P	☐ Delete	NAME	SOTOLONGO, PETER		STREET ADDRESS	7205 INTERNATIONAL DRIVE 5895 CARRIER DR		CITY-ST-ZIP	ORLANDO FL 32819		<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	☐ Delete																									
NAME	SOTOLONGO, PETER																										
STREET ADDRESS	7205 INTERNATIONAL DRIVE 5895 CARRIER DR																										
CITY-ST-ZIP	ORLANDO FL 32819																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"><tr><td>TITLE</td><td>P</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>MARSHALL, DANIEL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7205 INTERNATIONAL DRIVE 5895 CARRIER DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO FL 32819</td><td></td></tr></table>		TITLE	P	☐ Delete	NAME	MARSHALL, DANIEL		STREET ADDRESS	7205 INTERNATIONAL DRIVE 5895 CARRIER DR		CITY-ST-ZIP	ORLANDO FL 32819		<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	☐ Delete																									
NAME	MARSHALL, DANIEL																										
STREET ADDRESS	7205 INTERNATIONAL DRIVE 5895 CARRIER DR																										
CITY-ST-ZIP	ORLANDO FL 32819																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		SIGNATURE REQUIRED Date 3-18-03 Daytime Phone #																									