2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DOCUMENT # P03000035967 1. Entity Name 1SLAND GRAPHICS.BIZ INC.						04-16-2004 90085 016 ***150.00					
2. Principal Place of Business Suite, Apt. 4, stor. Suite, Apt. 5, stor. Suite, Apt. 5	1710 N.W. 45TH ST. #H-12			1710 N.W. 45TH ST. #H-12			ฮนบอลดอ					
Suite, Apt. 4, etc. O3012004 Chg.P CR2E034 (10/03)												
City & State City & State City & State City & State Country Country Country S. Cest Scale of Status Desired S. R. Additional Test Regulated G. Name and Address of Current Registered Agent THOMPSON, KEITH A TY ION NV. 4STH ST. Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City								 				
Zip Country							i i		CR2E0			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 7. City 7. Cit	City & State			ty & State		4. FEI Numbe 56–23.	50590		<u> </u>	·		
THOMPSON, KEITH A 17/10 N.W. 45TH ST. #H-12 B. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliga	Zip Country			p 	Cour	ntry	5. Certificate of Status Desired					
THOMPSON, KEITH A 1710 N.W. 45TH ST. #H-12 WEST PALM BEACH, FL 33407 City FL Zip Code City FL Zip Co			Name									
City FL Zip Code	THOMPSON, KEITH A											
B. 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, hypot or critical rate of registered agent agent and title if explicable. PILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE D THOMPSON, KEITH A SIREET ADDRESS OITY-ST-2P WEST PALM BEACH, FL 33407 Delete ITILE WEST PALM BEACH, FL 33407 Delete TITLE De	#H-12 WEST PALM BEACH, FL 33407								- 11			
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algrafuse required unen represence) PILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D						City			FL	Zip Code	e	
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D												
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CITY-ST-ZIP 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		certify that the information supp	plied with this filin	ng does not qualify for			ection 119.07(3)(i	i), Florida Statutes I	further cert	ify that the in	nformation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #