2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P03000035967 1. Entity Name ISLAND GRAPHICS.BIZ INC.						04-28-20	06 901 <i>6</i> 9	043 ***150).00	
Principal Plac	e of Business	Mailing Address			4()06923	4			
1710 N.W. 4	5TH ST.	1710 N.W. 45TH ST. #H-12				•				
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Principal Place of Business 3. Mailing Address										
1710 NW 45th St 1		1710 Mm -	710 NW 45th St.		7 186 11 281 14				1851 11 1861	
		l `	_ `		04182006	Chg-P	CR2	E034 (11/05)		
City & Stat	Palm Brock E	City & State Palm West Palm Zip	Beach	と	4. FEI Numb 56-235				plied For t Applicable	
Ζiρ	Palm Beach FL		Country	<u> </u>		of Status Desir	ed []	\$8.75 Add	litional	
334		33407	<u> 45 </u>					Fee Require	d 	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
THOMPSON, KEITH A 1710 N.W. 45TH ST.				Street Address (P.O. Box Namber is Not Acceptable)						
#H-12 WEST PAI	.M BEACH, FL∷33407		177	1710 NW 45th St 76-7						
-	¥		City	94 F	201 m B	San da	F	L Zin Code	ピヘコ	
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or	registere	ed agent, or bo	th, in the State	of Florida, 1 a	m familiar with,	and accept	
the obligat	ions of registered agent.	_ 2,	9 April	/ a	/					
SIGNATURE.	スム・オンログ 女 レン・ニー									
SIGNATURE.	Signature, typed or printed name of registered agent a		egistered Agent signatu				DAT			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign	égistered Agent signatu Financing	re required t	O May Be		DAT	E		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	égistered Agent signaturi Financing ution,	re required t	00 May Be d to Fees		•			
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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 regeiver 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

29 ARIL 06 561-842-8898