FROM :

FAX NO. :

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90312 001 ***300.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045405

1. Entity Name
ISLANDIA TRADING COMPANY, INC.

Principal Place of Business
60 VILLAGE DRIVE
ORMOND BEACH, FL 32174 US

Mailing Address
60 VILLAGE DRIVE
ORMOND BEACH, FL 32174 US

03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0870860
☐ Applied For
☐ Not Applica

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

DILLING, MONIQUE D
60 VILLAGE DRIVE
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

9. 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 accep the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	DILLING, MONIQUE D
STREET ADDRESS	60 VILLAGE DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Monique D. Dilling Monique D Dilling 4-30-05 386 622-6747
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #