2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUL 25 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07152005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000052625

1. Entity Name
ISLAND FOOTWEAR, INC.

Principal Place of Business	Mailing Address
19288 SKYRIDGE CIRCLE BOCA RATON, FL 33498	19288 SKYRIDGE CIRCLE BOCA RATON, FL 33498

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3506089 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OPPENHEIM, DAVID B 19288 SKYRIDGE CIRCLE BOCA RATON, FL 33498	Name: BERNGARD, GLEN A. Street Address (P.O. Box Number is Not Acceptable): 6413 CONGRESS AVENUE, SUITE 240 City: BOCA RATON FL Zip Code: 33487-2856

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 GLEN A. BERNGARD [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OPPENHEIM, DAVID B 19288 SKYRIDGE CIRCLE BOCA RATON, FL 33498	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700058354527 08/03/05--01002--004 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR OPPENHEIM, JENNIFER 19288 SKYRIDGE CIRCLE BOCA RATON, FL 33498	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 7-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #