## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081361

City-St-Zip:

NAVARRE, FL 32566

Entity Name: ISLAND ESCAPE MASSAGE & SPA, INC.

FILED Mar 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
8460 GULF BOULEVARD #203			9220 NAVARRE PKWY NAVARRE, FL 32566		
NAVARRE BEA	CH, FL 3:	2566	,		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8460 GULF BOU #203 NAVARRE BEA			7031 GANDY DR NAVARRE, FL 32566		
FEI Number: 76-07	36930	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
FOUNTAIN LAV 8438 GULF BOU SUITE A NAVARRE BEA	JLEVAŔD				
The above name in the State of Fl		ubmits this statement for th	e purpose of changing its registered c	office or registered agent, or both,	
SIGNATURE:					
_	Electroni	c Signature of Registered A	Agent	Date	
Election Campaigr	n Financing	Trust Fund Contribution ( ).			
OFFICERS ANI	D DIRECT	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	` ,	Delete THRYN A LMT	Title: (〔 Name: Address:	) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN AF WELSHANS PRES 03/04/2005