2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000099171

Entity Name: ISLAND TIME PROFESSIONAL SERVICES, INC.

FILED Oct 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

147 TRADEWINDS CIR
S DAYTONA, FL 32119
416 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Current Mailing Address: New Mailing Address:

147 TRADEWINDS CIR 416 PELICAN BAY DRIVE S DAYTONA, FL 32119 DAYTONA BEACH, FL 32119

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTRO, JULIE L

147 TRADEWINDS CIR
S DAYTONA, FL 32119 US

CASTRO, JULIE L

416 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

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.

SIGNATURE: JULIE L. CASTRO 10/27/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition CASTRO, JULIE L CASTRO, JULIE L Name: Name: 147 TRADEWINDS CIR 416 PELICAN BAY DRIVE Address: Address: City-St-Zip: S DAYTONA, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119

 Name:
 CASTRO, ALTURO S
 Name:
 CASTRO, ALTURO S

 Address:
 147 TRADEWINDS CIR
 Address:
 416 PELICAN BAY DRIVE

 City-St-Zip:
 S DAYTONA, FL 32119
 City-St-Zip:
 DAYTONA BEACH, FL 32119

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: JULIE L. CASTRO PRES 10/27/2004