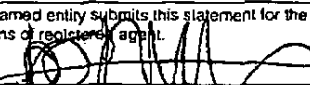
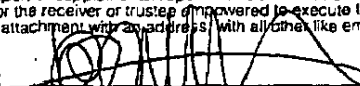


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90001-016-\$158.75-\$158.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 14 AM 8:00

DOCUMENT # P03000123064 1. Entity Name ISLAND NATIONS, INC.					
Principal Place of Business 2640 NE 135TH ST #210 N MIAMI, FL 33181				Mailing Address 2640 NE 135TH ST #210 N MIAMI, FL 33181	
2. Principal Place of Business 412 OCEAN DRIVE Suite, Apt. #, etc. #14 City & State MIAMI BEACH, FLORIDA Zip 33139		3. Mailing Address 412 OCEAN DRIVE Suite, Apt. #, etc. #14 City & State MIAMI BEACH, FL Zip 33139		08112004 Chg-P CR2E034 (1/003) MRS	
4. FEI Number 20-0701384		Applied For ☒ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CARPENTER, BENJAMIN A 2640 NE 135TH ST #210 N MIAMI, FL 33181			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 412 OCEAN DRIVE #14 City MIAMI BEACH		FL Zip Code 33139			
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:  DATE: _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CARPENTER, BENJAMIN A 2640 NE 135TH ST #210 N MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 412 OCEAN DRIVE #14 MIAMI BEACH, FL 33139	
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	
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:  DATE: _____ Daytime Phone: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					