


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000144856</b> 1. Entity Name ISLAND BREEZE MANAGEMENT, INC.	
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Principal Place of Business 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487	Mailing Address 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**



D1302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0444647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROSENTHAL, ESQ., ALEX P 2115 N COMMERCE PARKWAY WESTON, FL 33326
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000414372 02/11/06-80034-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODERICK, MICHAEL 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODERICK, CATHERINE 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Michael Broderick* **1-30-06** **561-994-5850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #