2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P03000154503

Entity Name: ISLAND COAST DEVELOPERS, INC.

Current Principal Place of Business:

P.O. BOX 330537
CORAL GABLES, FL 33146

New Principal Place of Business:

330 GRECO AVE
SUITE 102
CORAL GABLES, FL 33146

Current Mailing Address:

P.O. BOX 330537
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 330537
CORAL GABLES, FL 33233

FEI Number: 20-0524255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERSAUD, SAMUEL A ESQ.
1320 SOUTH DIXIE HIGHWAY
SUITE 715
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FULBRIGHT, MARK
Address: P.O. BOX 330537
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete
Name: EKONOMOU, NICHOLAS
Address: P.O. BOX 330537
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: EKONOMOU, NICHOLAS
Address: P.O. BOX 330537
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EKONOMOU, NICHOLAS
Address: P.O. BOX 330537
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: NICHOLAS EKONOMOU P 04/20/2005

Electronic Signature of Signing Officer or Director — Date