



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005125 1. Entity Name ISLAND LIFE LOTTERY CLUB, INC.						FILED 06 SEP 25 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9378 ARLINGTON EXPRESSWAY, #364 JACKSONVILLE, FL 32225				Mailing Address 9378 ARLINGTON EXPRESSWAY, #364 JACKSONVILLE, FL 32225			
2. Principal Place of Business <div style="text-align: center;"><i>N/A</i></div>		3. Mailing Address <div style="text-align: center;"><i>N/A</i></div>					
Suite, Apt. #, etc. <div style="text-align: center;"><i>Same</i></div>		Suite, Apt. #, etc. <div style="text-align: center;"><i>Same</i></div>					
City & State <div style="text-align: center;"><i>as above</i></div>		City & State <div style="text-align: center;"><i>as above</i></div>					
Zip <div style="text-align: center;"><i>as above</i></div>		Country <div style="text-align: center;"><i>as above</i></div>		4. FEI Number 52-2438991		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09062006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent MASON, CLARENCE L 12519 BLUE EAGLE WAY JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;"><i>Same</i></div> City <i>FL</i> Zip Code			
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: <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTs MASON, CLARENCE L 12519 BLUE EAGLE WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 400080151394 09/25/06--01062--019 **150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, CLARENCE L 12519 BLUE EAGLE WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <i>\$79/27</i> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSELAND, RAYMOND R 2141 SAFE HARBOR LANE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, MARIAN F 2570 BROWARD RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				9-18-06 904-840-4240 Date Daytime Phone #			