

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033138

Entity Name: ISLAND ARCHITECTURE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

25 LOWER WOODBRIDGE RD SUITE 104-B
SNOWMASS VILLAGE, CO 81615

New Principal Place of Business:

400 W. MAIN STREET
12
ASPEN, CO 81611

Current Mailing Address:

PO BOX 6820
SNOWMASS VILLAGE, CO 81615

New Mailing Address:

FEI Number: 27-0079861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANTE, KENNETH J
225 SOUTH ADAMS STREET SUITE 250
TALLAHASSEE, FL FL32301 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: TROWN, ROBERT C
Address: PO BOX 6820
City-St-Zip: SNOWMASS VILLAGE, CO 81615

Title: T () Delete
Name: TROWN, YVONNE F
Address: PO BOX 6820
City-St-Zip: SNOWMASS VILLAGE, CO 81615

Title: S () Delete
Name: WINNE, GEORGE
Address: 25 LOWER WOODBRIDGE RD SUITE 104-B
City-St-Zip: SNOWMASS VILLAGE, CO 81615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WINNE, GEORGE
Address: PO BOX 6820
City-St-Zip: SNOWMASS VILLAGE, CO 81615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: YVONNE TROWN

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date