
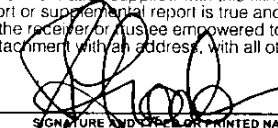


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 028 ***150.00

DOCUMENT # P04000056329					
1. Entity Name ISLAND SKY CORPORATION					
Principal Place of Business 2027 THOMAS ST HOLLYWOOD, FL 33020-2132 US			Mailing Address 2027 THOMAS ST HOLLYWOOD, FL 33020-2132 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0531135	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J ESQ 20283 STATE RD. 7 SUITE 300 BOCA RATON, FL 33498				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRODEN, RICHARD		NAME	MERRITT, THOMAS	
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS	2027 THOMAS ST	
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP	HOLLYWOOD FL 330202132	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMP, BRIAN		NAME		
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, DOUGLAS		NAME		
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAGON, MICHAEL		NAME		
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, TIM		NAME		
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNENBAUM, TED		NAME		
STREET ADDRESS	2027 THOMAS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330202132		CITY-ST-ZIP		
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:  RICHARD GRODEN, PRES. + DIR. 1/23/08 (954) 922-3507					