

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000079804  
 1. Entity Name  
 ISLAND HOME INTERNATIONAL MORTGAGE INC.



Principal Place of Business      Mailing Address  
 211 E. OCEAN AVE                      211 E. OCEAN AVE  
 LANTANA, FL 33462                      LANTANA, FL 33462

**DO NOT WRITE IN THIS SPACE**



01032005    No Chg-P    CR2E034 (10/03)

4. FEI Number 26-0087625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MERGENTHALER, PETER JR  
 4188 GULFSTREAM ROAD  
 LAKE WORTH, FL 33461

**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: *[Signature]*      DATE: *Jan. 3, 05*

Signatures, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when renominating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERGENTHALER, PETER JR 4188 GULFSTREAM ROAD LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MORGAN, AMY 15155 MICHEL ANGELO BLVD #108 DELRAY BEACH, FL 33446</del> <i>Remove as of [Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000173638  
 01/07/05-80026-017 150700

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE: *[Signature]*      DATE: *Jan. 3, 05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #