2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL KEPUKI												
DOCUI 1. Entity Nam ISLAND V CORPOR					05		_ED -8 PH I:	: 24				
Principal Plac 304 S. HARB SUITE 201 MELBOURNE	OR CITY BO	ULEVARD	Mailing Address 304 S. HARBOR CITY BOULEVARD SUITE 201 MELBOURNE, FL 32901			***************************************	SE(TALI	CRETUR LAHAS:	one, enof	ACIS ACIS		
	Wickha	m Road '	3. Mailing Address 575 S. Wickham Road Suite, Apt. #, etc.									
Suite, Apt. #, etc. Suite E			Suite F				03112005	Chg-P	CR2	E034 (10/03)		
City & State West Melbourne, Florida			City & State West Melbourne, Florida			.1 .	4. FEI Numbe	ما 777 ا	ΩI.	 	plied For	
West Me	<u>elbourr</u>	Country	Zip	try	<u>a</u>		_ \$9.75 Additional					
Zip 3290)4	USA	32904	USA	A Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DETTMER 304 S. HAI SUITE 201 MELBOUR		Street Address (P.O. Box Number is Not Acceptable) 575 South wick ham Rd Suite E										
CIV							Ibourne FL Zip Code 32904					
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												
JIGNATONE	Signature, typed	or printed name of registered agent a	l when reinstating)		DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	I =	OFFICERS AND I	DIRECTORS Delete	11.		٥	ADDITIONS/	CHANGES TO O	FFICERS A			
title Name	DETTMER	TITLE NAM		٠. آم	Aclark	. , ,		Change	Addition			
STREET ADDRESS CITY-ST-ZIP	304 S. HA	ARBOR CITY BOULEVA RNE, FL 32901	RD, SUITE 201		et adoress -st-zip	573	south c bourne	orchhum Fl 329				
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12. I hereby certify that the information supplied with this filling does not qualify 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 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:												
SIGNAI	UKE:	SIGNATURE OF TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	FOR			Date	·····	Daytime Phone #	—— İ	