2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90410 037 ***158.75

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DOCUMENT # P04000112022

1. Entity Name
ISLAND PARADISE GIFTS, INC.

Principal Place of Business	Mailing Address
208 S. CENTRAL AVE., UNIT F FLAGLER BEACH, FL 32137	41 ROLLINS DR. PALM COAST, FL 32137

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	300 MALTAS Ave. Suite, Apt. #, etc.
City & State	INTERLACHEN, FL.
Zip / Country	32148 / Putnam

4. FEI Number: 74-3127441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, JERRY C 4721 E. MOODY BLVD. BLDG. #5, STE. 505 & 506 BUNNELL, FL 32110	Name: MEREDITH A. BOURASSA Street Address (P.O. Box Number is Not Acceptable): 300 MALTAS Ave City: Interlachen FL Zip Code: 32148

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: Meredith A. Bourassa MEREDITH A. BOURASSA April 10, 2006
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PORTO, BARBARA A 41 ROLLINS DR. PALM COAST, FL 32137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KATHLEEN S. FRISBIE 26 BROWNELL ST. Attleboro, MA. 02760	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S/D MEREDITH A. BOURASSA 300 MALTAS Ave Interlachen, FL. 32148	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRED A. FRISBIE 26 BROWNELL ST. ATTleboro, MA. 02760	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Meredith A. Bourassa MEREDITH A. BOURASSA 4/10/06 (386) 439-9949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #