2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000074985

1. Entity Name

A1.TS OF THE ISLANDS, INC.



Principal Place of Business

931 VILLAGE BLVD.

905-430

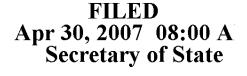
WEST PALM BEACH, FL 33409

Mailing Address

931 VILLAGE BLVD.

905-430

WEST PALM BEACH, FL 33409





DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2910300

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

RIBOT, TOMMY 931 VILLAGE BLVD. #905-430 WEST PALM BEACH, FL 33409

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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 Spinature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
			mpaign Financir Contribution	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIBOT, TOMMY 931 VILLAGE BLVD. # 905-430 WEST PALM BEACH, FL 33409					U00000740914 05/15/07-80008-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIBOT, AMANDA R 931 VILLAGE BLVD. # 905-430 WEST PALM BEACH, FL 33409					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIBOT, STACY R 931 VILLAGE BLVD. # 905-430 WEST PALM BEACH, FL 33409				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS 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 aggress, with all other like empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR