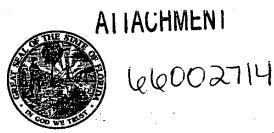
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000096889 01-23-2006 90039 022 ***150.00 1. Entity Name ISLAMORADA INVESTMENTS, INC. Principal Place of Business Mailing Address 66002714 333 WOODS AVE 333 WOODS AVE TAVERNIER, FL 33070 TAVERNIER FL 33070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Cho-P City & State City & State Applied For Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Hame and Address of New Registered Agent VENEZIA, CHRIS Street Address (P.O. Box Number is Not Acceptable) 333 WOODS AVE TAVERNIER, FL 33070 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 Signature, typed or printed name of registered agent and Life & applicable. (NOTE: Registered Agent signature required when renstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Pee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE MILE ☐ Change VENEZIA, CHRIS NAME NAME 333 WOODS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 CITY-ST-ZIP tm £ Delete TITL F ☐ Chance Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP IIITLE ☐ Delete TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 eath; 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. 3056643030 Z-20.06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 8:00 am



FLORIDA-DEPARTMENT OF STATE Division of Corporations

January 28, 2006

ISLAMORADA INVESTMENTS, INC. 333 WOODS AVE TAVERNIER, FL 33070

Subject: ISLAMORADA INVESTMENTS, INC.

Reference Number:

P05000096889

and the state of the state of

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc ANNUAL REPORTS SECTION