


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P05000100430</b> 1. Entity Name ISLAND BREEZE INVESTMENTS, INC.					
Principal Place of Business 5120 SW 13TH AVE CAPE CORAL, FL 33914			Mailing Address 5120 SW 13TH AVE CAPE CORAL, FL 33914		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0617189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PORRETTE, FRANK 5120 SW 13TH AVE CAPE CORAL, FL 33914				Name <b>Charles PORRETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1220 NE 12th Street</b> <b>Cape Coral</b> City <b>CAPE CORAL</b> FL Zip Code <b>33909</b>	
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 <b>Frank Porretta</b> DATE <b>2/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PORRETTE, FRANK 5120 SW 13TH AVE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/C Porretta, Frank 5120 SW 13th AVE CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S/M Porretta Charles 1220 NE 12th Street CAPE CORAL FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000067977650 03/16/06--01021--020 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 address, with all other like empowered.					
SIGNATURE: <b>Frank Porretta</b>				Date <b>2/15/06</b> Daytime Phone # <b>(239)-298-1776</b>	