


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 040 ***158.75

DOCUMENT # P05000164942

1. Entity Name
ISLE MANAGEMENT CORPORATION



Principal Place of Business
23 PINE ARBOR LANE
103
VERO BEACH, FL 32962

Mailing Address
1110 21ST STREET
PORTSMOUTH, OH 45662

40025511



2. Principal Place of Business - No P.O. Box #
475 19TH PLACE

3. Mailing Address
P.O. BOX 650371

Suite, Apt. #, etc.

02152007 Chg-P CR2E034 (12/06)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32960 Country
USA

Zip
32965 Country
USA

4. FEI Number
20-3973400

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERTAUX, GREG
23 PINE ARBOR LANE
103
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent

Name
BERTAUX, GREG

Street Address (P.O. Box Number is Not Acceptable)
475 19TH PLACE

City
VERO BEACH FL Zip Code
32960

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: *Greg Bertaux* DATE: 2/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! (FEE IS \$150.00)
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERTAUX, GREG <input checked="" type="checkbox"/> Delete 4110 21ST STREET 475 19TH PLACE PORTSMOUTH, OH 45662 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BERTAUX GREG 475 19TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Greg Bertaux* DATE: 2/15/07 DAYTIME PHONE #: 772-569-2141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #