


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR