## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000046124

Entity Name: ISLAND PARTY PLACE CORP.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 141 CRANDON BLVD #447
 300 GALEN DRIVE #405

 KEY BISCAYNE, FL 33149
 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

141 CRANDON BLVD #447 300 GALEN DRIVE #405 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

FEI Number: 42-1700088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVA, TERRY

141 CRANDON BLVD #447

KEY BISCAYNE, FL 33149 US

OLIVA, TERRY

300 GALEN DRIVE #405

KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: TERRY OLIVA 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: OLIVA, TERRY Name: OLIVA, TERRY

 Address:
 141 CRANDON BLVD #447
 Address:
 300 GALEN DRIVE #405

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 GARCIA, MARTA M
 Name:
 GARCIA, MARTA M

 Address:
 141 CRANDON BLVD #447
 Address:
 300 GALEN DRIVE #405

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY OLIVA PD 04/28/2008