

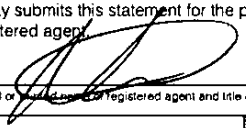
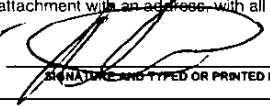


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90022 033 \*\*\*150.00

<b>DOCUMENT # P06000051098</b> 1. Entity Name <b>ISAAC IRON WORKS, CORP</b>					
Principal Place of Business <b>3003 64TH STREET W LEHIGH ACRES, FL 33971 US</b>			Mailing Address <b>3003 64TH STREET W LEHIGH ACRES, FL 33971 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5582 Jonquil Cir Suite, Apt., #, etc. Apt # 307 City &amp; State Naples FL Zip 34109 Country Collier</b>		3. Mailing Address <b>5582 Jonquil Cir Suite, Apt., #, etc. Apt. # 307 City &amp; State Naples, FL Zip 34109 Country Collier</b>			
03102008 Chg-P CR2E034 (12/06)		4. FEI Number <b>20-4666295</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>FERRO DIAZ, JULIAN 3003 64TH STREET W LEHIGH ACRES, FL 33971</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5582 Jonquil Cir. Apt. # 307 City Naples FL Zip 34109</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:  DATE: <b>3/10/08</b> <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>FERRO-DIAZ, JULIAN 3003 64TH STREET W LEHIGH ACRES, FL 33971</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>Ferro-Diaz, Julian 5582 Jonquil Cir. Naples, FL 34109</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BAEZ, NELSON 3003 64TH STREET W LEHIGH ACRES, FL 33971</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date: <b>3/10/08</b> Daytime Phone #: <b>239-939-6925</b>			