

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075892

Entity Name: ISLAND FLAVORS INC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

6570 NW SELVITZ ROAD
B2
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

6570 NW SELVITZ ROAD
B2
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 02-0784709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, AUBIN W
505 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

MORRIS, YVETTE
10696 S. FEDERAL HWY., STE C
PORT ST. LUCIE, FL 34952 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: YVETTE MORRIS

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALLORY, CHANCY F
Address: 6016 NW HIXON CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: MALLORY, BETTY
Address: 6016 NW HIXON CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: V () Delete
Name: SMITH, ALLAN
Address: 6016 NW HIXON CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S () Delete
Name: SMITH, JOYCE
Address: 6016 NW HIXON CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, ALLAN
Address: 6016 NW HIXON CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTY MALLORY

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date