

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035548

FILED
Apr 01, 2009
Secretary of State

Entity Name: ISLAND COVE CONSULTANTS CORP.

Current Principal Place of Business:

107 ISLAND COVE WAY
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

107 ISLAND COVE WAY
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-8755938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, EDWARD
107 ISLAND COVE WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEWIS, EDWARD
Address: 107 ISLAND COVE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DV () Delete
Name: LEWIS, KEITH
Address: 107 ISLAND COVE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DST () Delete
Name: LEWIS, ELAINE
Address: 107 ISLAND COVE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EDWARD LEWIS

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date