

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 23 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E034B (1/11)

DOCUMENT # 10000074071	
1. Entity Name ILAND BREEZE INC.	

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2. Principal Place of Business - No P.O. Box # 913 S. Gorky Ave	3. Mailing Address 6800 Ambassador Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
Zip 32805	Zip 32818
Country USA	Country USA

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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name DAVE B. HOWELL	
Street Address (P.O. Box Number is Not Acceptable) 6800 Ambassador Dr	
City Orlando	State FL Zip Code 32818

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 DAVE B. HOWELL DATE 5/11/11
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January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: xcellyu@hbtm41.com E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVE B. HOWELL 6800 Ambassador Dr Orlando, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JEANNE ST. CLAIR 6800 Ambassador Dr Orlando, FL 32818
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05/10/11--01011--015 **150.00
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: JEANNE ST. CLAIR DATE 5/11/11	4078790220 Daytime Phone #

5/22/11