


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90038 023 \*\*\*150.00

<b>DOCUMENT # P94000037774</b> 1. Entity Name ISLAND SUPPLY OF CORAL SPRINGS, INC.					
Principal Place of Business LYONS BUSINESS PARK 6601 LYONS RD B-6 COCONUT CREEK, FL 33073			Mailing Address 1515 UNIVERSITY DRIVE SUITE 101 CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address <i>Lyons Business Park</i> Suite, Apt. #, etc. <i>6601 Lyons Rd B-6</i> City & State <i>Coconut Creek, FL</i> Zip <i>33073</i> Country <i>USA</i>			
Suite, Apt. #, etc.		City & State		4. FEI Number 03092006 Chg-P CR2E034 (11/05) 65-0478374	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, ARTHUR J 1801 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name <i>Corpolite Corporation</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Southeast Third Ave</i> <i>Suite 2130</i> City <i>Miami</i> FL Zip Code <i>33131</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUFO, KENNETH <input type="checkbox"/> Delete 10259 S.W. 1ST COURT CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIVENS, IAN <input type="checkbox"/> Delete 17821 113TH TERRACE N JUPITER, FL 33478		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: <i>Ken Tufo</i> <i>Ken Tufo</i> 3/10/06 954-312-0300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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