


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000052384

1. Entity Name
ISLAND COURT, INC.



Principal Place of Business
1939 BEACH RD
ENGLEWOOD, FL 34223 US

Mailing Address
1939 BEACH RD
ENGLEWOOD, FL 34223 US

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0504773

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRINNEN, MARLENE I
1939 BEACH RD
ENGLEWOOD, FL 34223

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	DRINNEN, MARLENE I.
STREET ADDRESS	1939 BEACH RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VD
NAME	DRINNEN, NICHOLAS J.
STREET ADDRESS	1939 BEACH RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/06-80059-016 150.00

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: *Marlene I. Drinnen* **MARLENE I. DRINNEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/3/06**
Date

Days Phone #: **(941) 474-8236**
Days Phone #