2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 04, 2005 8:00 am Secretary of State **DOCUMENT # P94000068154** 05-04-2005 90173 041 ***150.00 1. Entity Name ISLAND BREEZE MOTEL, INC. Mailing Address Principal Place of Business 17281 FRONT BEACH RD 50047760 17281 FRONT BEACH RD 1.34 PANAMA CITY, FL 32413-3120 PANAMA CITY, FL 32413-3120 US 2. Principal Place of Business 3. Mailing Address 7524 Kingman St Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P __ CR2E034.(10/03)_ 04212005 City & State 4. FEI Number Applied For City & State Panama Citu Beach, Fl 59-3273189 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hout W Jr COOK, HOYT W JR O. Box Number is Not Acceptable) 17281 FRONT BEACH RD PANAMA CITY, FL 32413-2120 City Panama City Beach 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 agen SIGNATURE. (NOTE: Registered Agent signature required when reinstating) r au olicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change TITLE ☐ Delete TITLE ☐ Addition COOK, POYT W JR NAME 7524 Kingman St. 328 EAGLE DR STREET ADDRESS STREET ADDRESS Panama CityBeach, FL 32408 PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COOK, GLENDA NAME NAME 7524 Kinaman St. STREET ADDRESS 328 EAGLE DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP Panama City B ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNING OFFICER OR DIRECTOR

FILED