## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Jan 27, 2006 08:00 AN DOCUMENT # P94000073766 1. Entity Name **Secretary of State** ISLAND ZEPHYR ENTERPRISES, INC. Principal Place of Business Mailing Address 23287 WATER CIRCLE 23287 WATER CIRCLE BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US 01212006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0526283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNICKERBOCKER, DOUGLAS H DO NOT WRITE 32387 WATER CIRCLE BOCA RATON, FL 32486 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. <del>U00000402651</del> 02/03/06-80016-018 150.00 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KNICKERBOCKER, DOUGLAS H NAME STREET ADDRESS 23287 WATER CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486 KNICKERBOCKER, ELIZABETH S 23287 WATER CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 impowered 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 othersike empowered.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN