2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093783

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2006 Secretary of State

Entity Nan	ne: ISLAND B	OUND MARINE SERVICES	S, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
450 BASIN STREET DAYTONA BEACH, FL 32114				1725 S. NOVA ROAD BLDG E-6 SOUTH DAYTONA, FL 32119				
Current M	ailing Address	New Mailing Address:						
PO BOX 1271 DAYTONA BEACH, FL 32115				1725 S.NOVA ROAD BLDG E-6 SOUTH DAYTONA, FL 32119				
FEI Number:	59-3286141	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
150 BERKI	I, FREDERICK LEY CIRCLE ANGE, FL 3212							
The above in the State		ubmits this statement for the	e purpose o	f changing it	s registered	d office or reg	istered agent, or both	,
SIGNATUR								
		c Signature of Registered A	gent			Da	ate	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () ANDERAU, FREI 150 BERKLEY C PORT ORANGE,	CIRCLE		Title: Name: Address: City-St-Zip:		() Change ().	Addition	
Title: Name: Address: City-St-Zip:	VP () ANDERAU, JOAN 150 BERKLEY C PORT ORANGE,	CIRCLE		Title: Name: Address: City-St-Zip:	ANDERAU, J 150 BERKLE		Addition	
Title: Name: Address: City-St-Zip:	ST () LISTER, STORM 11606-A VALENG SEFFNER, FL 3	CIA DRIVE		Title: Name: Address: City-St-Zip:	LISTER, STO	ENCIA DRIVE	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FREDERICK C. ANDERAU Ρ 02/12/2006

() Delete

() Change (X) Addition

SHARP, GEORGE

599 ANDREWS STREET

ORMOND BEACH, FL 32714