## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 19, 2007 08:00 AN Secretary of State

DOCUMENT # P95000030772  1. Entity Name ISLAND CONSTRUCTION AND CONSULTING SERVICES CORP.				Control of the Contro		Secreta	ry of State
	ce of Business	Mailing Address		1			
PO BOX 716 SANIBEL, FI		PO BOX 716 SANIBEL, FL 33957 US					
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	O NOT WOITE		01112007	No Chg-	P CR2E03	14 (11/05)	
DO NOT WRITE IN THIS SPACE			<b>JE</b>	4. FEI Numi		<del></del>	Applied For
				65-05			Not Applicable
				5. Certificat	e of Status Desi	ired	8.75 Additional see Required
	6. Name and Address of Current Re	gistered Agent					
CALCIANO, AL 15072 BRIAN RIDGE CIR FORT MYERS, FL 33912				DO	NOT	WRITE	
							•
				IIN	1112	SPACE	
		- x 2x 4		and the second s			
8. The above the obliga	e named entity submits this statement for the titions of registered agent.	e purpose of changing its register	ed office or register	red agent, or b	oth, in the State	of Florida. I am fa	miliar with, and accept
SIGNATURE.		7.	The second second	-			مانشان والراسطان
	Signature, typed or printed name of registered agent and	ide if applicable. (NOTE Registere	ed Agent signature required	d when reinstating)		DATE	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			+-	.00 May Be led to Fees			
10.	OFFICERS AND DIS	RECTORS					
TITLE NAME	D CALCIANO, AL						
STREET ADDRESS	15072 BRIAR RIDGE CIR						
CITY-ST-ZIP	FORT MYERS, FL 33912	<u> </u>					
TITLE NAME	-						
STREET ADDRESS							
CITY-ST-ZIP			*\$			U00000863	906 <sup> </sup>
TITLE NAME					03/27	7/07-8009:	l-001 150.00
STREET ADDRESS	***************************************			~~			
CITY-ST-ZIP		, promoter to an except a	_	DO	NOI	WRITE	•
THE				IN '	THIS !	SPACE	3
NAME Street Address				11 %		JI AUL	
CITY-ST-ZIP							
TRILE			1				
NAME EXPERT LIBERTS							
STREET ADDRESS CITY-ST-ZIP							
TITLE	<u> </u>	- <u> </u>	ł				age construction
NAME							***************************************
STREET ADDRESS !			=				}

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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

239-395-9300

Daytime Phone #