2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000013420

1. Entity Name

ISLAND INVESTMENTS OF SAINT AUGUSTINE INC.



Principal Place of Business

Mailing Address

765 COUNTY RD 135 SAINT AUGUSTINE, FL 32092 P. O. BOX 4497

ST. AUGUSTINE, FL 32085-4497 US

FILED Jan 10, 2007 8:00 am Secretary of State

01-10-2007 90042 011 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3403240

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALER, RICHARD L CPA 100 WALER WAY STE 1 SAINT AUGUSTINE, FL 32086

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	named entity submits this statement for the priors of registered agent.	urpose of changing its	registered office	or re	gistered agent, or bo	oth, in the State of	Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE	: Registered Agent siç	nature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOSCARELLO, MARK 765 CR 13 S SAINT AUGUSTINE, FL 32092				.'	A Sept.		·
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it is 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 cath; 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:

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.07

Date

Daytime Phone #