2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # P96000045352 ISLE OF VIEW REALTY, INC. Principal Place of Business Mailing Address 6844 W. C-30 A 6844 W. C-30 A SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 02162005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3404755 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OWEN, DAVID A DO NOT WRITE 1221 AIRPORT RD., #208 **DESTIN, FL 32541** 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. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS DILLE U00000238286 NAME KRAMER, DAVID J STREET ADDRESS 84 VIRGO STREET 02/21/05-80093-010 150.00 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-SI-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP IIILŁ NAME STREET ADDRESS CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not quality 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED