

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023031

Entity Name: ISLAND VACATIONS, INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

LUANI PLAZA
1454 KENNEDY DR
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

LUANI PLAZA
1454 KENNEDY DR
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0734233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLAN, DONNA
1500 ATLANTIC BLVD #409
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

GOLAN, DONNA
KEY WEST BEACH CLUB
1500 ATLANTIC BLVD. #409
KEY WEST, FL 33040 US

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.

SIGNATURE:

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLAN, DONNA
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GOLAN, KEITH
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HERZOG, THEODORE W
Address: 1101 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DONNA GOLAN

D

08/31/2005

Electronic Signature of Signing Officer or Director

Date