2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023031

LIDDY, DENNIS

1075 DUVAL STREET #12

KEY WEST, FL 33040

Name:

Address:

City-St-Zip:

Entity Name: ISLAND VACATIONS, INC.

FILED Apr 30, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
COURTHO 302 SOUTH KEY WEST	HARD STRE				
Current Mailing Address:			New Mailing Address:		
KEY WEST 1500 ATLA KEY WEST	NTIC BLVD				
FEI Number:	65-0734233	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
GOLAN, KE KEY WEST 1500 ATLA KEY WEST	BEACH CI NTIC BLVD F, FL 33040	_UB . #409 _US			
The above in the State	named entit of Florida.	y submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electr	onic Signature of Registered A	gent	Date	
Election Cam	paign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GOLAN, DO	() Delete NNA SEC/TRE TIC BLVD #409 FL 33040	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOLAN, KEI	TIC BLVD #409	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ESCO, MAR 23343 BLUE	() Delete JORIE WATER CIRCLE B223 N, FL 33433	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MR	(X) Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH GOLAN PRES 04/30/2008