2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037879

FILED Mar 26, 2008 Secretary of State

Entity Na	ame: ISLAND	JEWEL TRAVEL, TOURS & \$	BERVICES, INC.		
Current I	Principal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
	TH PINE HILL O, FL 32808	S RD.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH PINE HILL O, FL 32808	S RD.			
FEI Numbe	r: 59-3445191	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
343 ALME	NWYER CHAR ERIA AVENUE BABLES, FL 3				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATL	JRE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	ampaign Financi	ng Trust Fund Contribution ().			
OFFICER	RS AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	MCNAUGHTO) Delete N, JEWEL R PINE HILLS ROAD	Name: MCNAUGHT0	(X) Change ()Addition DN, JEWEL R PINE HILLS ROAD	

City-St-Zip: ORLANDO, FL 328087125

() Delete MCNAUGHTON, DONALD M Name: Address: 819 NORTH PINE HILLS ROAD ORLANDO, FL 328087125 City-St-Zip:

Title: () Delete Name: NICHOLSON, RANDOLPH Address: 819 N PINE HILLS ROAD City-St-Zip: ORLANDO, FL 32808

Title: (X) Change () Addition MCNAUGHTON, DONALD M Name: Address: 819 NORTH PINE HILLS ROAD ORLANDO, FL 328087125 US City-St-Zip:

ORLANDO, FL 328087125 US

() Change () Addition

Title: Name: Address: City-St-Zip:

City-St-Zip:

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.

SIGNATURE: DONALD MCNAUGHTON VΡ 03/26/2008