2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000062748

1. Entity Name
ISLANDS MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
6501 RED HOOK PLAZA SUITE 201 ST THOMAS, VI 00802	6501 RED HOOK PLAZA, STE-201 PMB #527 ST. THOMAS, VIRGIN ISLANDS, 00802

05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0856841
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GORDON
1406 SOUTH ST.
KEY WEST, FL 33040

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** *May Be Added to Fees*

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BROWN, GORDON
STREET ADDRESS	PMB #527,6501 RED HOOK PLAZA, STE-201
CITY-ST-ZIP	ST. THOMAS, VIRGIN ISLANDS, 00802
TITLE	VS
NAME	BORNN, MICHAEL
STREET ADDRESS	PMB #527,6501 RED HOOK PLAZA,STE-201
CITY-ST-ZIP	ST. THOMAS, VIRGIN ISLANDS, 00802
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/04-80005-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #