FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # P97000091032 1. Entity Name ISLAND CONSOLIDATORS, INC. Principal Place of Business Mailing Address 5155 SW 192 TERR 5155 SW 192 TERR

FORT LAUDERDALE, FL 33332 US FORT LAUDERDALE, FL 33332 US								
DO NOT WRITE IN THIS SPAC				02012006 4. FEI Numb 65-078	No Chg-P	CR2E034 (11	THE NEWSTER IN THE	
6. Name and Address of Current Registered Agent								
MORRIS, GEORGE 5155 SW 192 TERR FORT LAUDERDALE, FL 33332				DO NOT WRITE 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 Senature report of printed name of recisioned even and title if applicable. (NOTE Recisioned Applications) DATE DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	0.3703/06-	1441724 80049-001	150.00	
10.	OFFICERS AND DIREC	CTORS	Γ				į	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, GEORGE 5155 SW 192 TERR FORT LAUDERDALE, FL 33332			94. - , -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, }	iç ^a				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP							;	
12. I hereby certify that the Information supplied with this Bling does not duelify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is to 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 of trusteer employeered 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 life empowered.								
CICKLAT	TUDE:	/		- ,	., ,	,		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR