2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000023121

1. Entity Name
ISLAND CRAFTS, INC.

FILED
08 AUG -5 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2506 N ROOSEVELT BLVD 101 KEY WEST, FL 33040	2506 N ROOSEVELT BLVD 101 KEY WEST, FL 33040

07282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0819678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 officer named (NOTE: Registered Agent signature required when name changed) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WHITE, LAWRENCE N 3720 GUMBOLIMBO ST BIG PINE KEY, FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President – Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD MCCANN, HENRY E F JR. 1054 LOGGERHEAD LN SUMMERLAND KEY, FL 33042	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	400134589364 08/19/08--01008--001 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WHITE, SALLY A 3720 GUMBOLIMBO ST BIG PINE KEY, FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lawrence N White Pres. 8/1/8 305-295-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #