2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000091402

1. Entity Name
ISLAND REAL ESTATE REFERRAL NETWORK, INC.

Principal Place of Business	Mailing Address
6101 MARINA DRIVE	6101 MARINA DRIVE
HOLMES BEACH, FL 34217	HOLMES BEACH, FL 34217

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0872685	Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, GARRET T
3119 MANATEE AVENUE WEST
BRADENTON, FL 34205

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PSTD	
NAME	DAVIS, FRANK H JR	
STREET ADDRESS	5626 GULF DRIVE	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

U00000493563
04/20/06-80010-003 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/3/06   941-778-60_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #