

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038822

Entity Name: NOMAS COM ISLA COMPANY

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

26 WILSON ARCH
MP 100 US HWY 191S
MOAB, UT 94532

New Principal Place of Business:

Current Mailing Address:

PO BOX 40
MOAB, UT 84532

New Mailing Address:

FEI Number: 52-1963320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGLE, JAMES L
PO BOX 6163
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: OGLE, SUSAN M
Address: PO BOX 6163
City-St-Zip: WEST PALM BEACH, FL 33405

Title: CD () Delete
Name: OGLE, JAMES L
Address: PO BOX 6163
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L OGLE

CD

01/19/2005

Electronic Signature of Signing Officer or Director

Date