

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000080178  
 1. Entity Name  
 ISLAND LIVING DELRAY - GIFTS INC.



Principal Place of Business      Mailing Address  
 1200 E ATLANTIC AVE      1200 E ATLANTIC AVE  
 DELRAY BEACH, FL 33483      DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**

04272007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0948668      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH  
 4974 N. UNIVERSITY DR  
 LAUDERHILL, FL 33351

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARDO, MICHELLE 1200 E ATLANTIC AVE DELRAY BEACH, FL 33483
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U00000740888  
 05/15/07-80006-022 150.00

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

SIGNATURE: M Leonardo      4/27/07      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #