
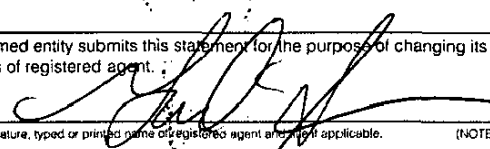
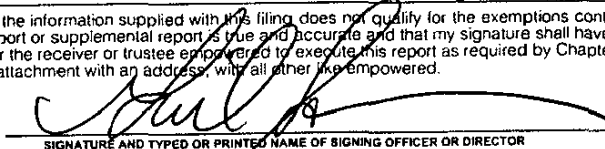


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90218 027 \*\*\*150.00

<b>DOCUMENT # P99000086296</b> 1. Entity Name <b>ISLAMORADA SPORTSWEAR, INC.</b>					
Principal Place of Business <b>82748 OVERSEAS HWY ISLAMORADA, FL 33036</b>			Mailing Address <b>82748 OVERSEAS HWY ISLAMORADA, FL 33036</b>		
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 <b>65-0952261</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHNEIDER, GAIL 6297 NW 69TH WAY PARKLAND, FL 33067</b>				7. Name and Address of New Registered Agent Name <b>Gail Schneider</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Dexter Ct.</b> City <b>Tavernier</b> <b>FL</b> Zip Code <b>33070</b>	
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  DATE <b>5/1/08</b> <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDV SCHNEIDER, GAIL 82748 OVERSEAS HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHNEIDER, GAIL 82748 OVERSEAS HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>5/1/08</b> <b>305 664 1124</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					