2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 18, 2008
Secretary of State

DOCUMENT# S40885

Entity Name: THE ISLAND ROOM AT CEDAR COVE, INC.

Current Principal Place of Business:

192 E.2ND STREET
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 716
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 59-3056452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TATARU, TERRY
630 DOCK ST
CEDAR KEY, FL 32625 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEFANI, PETER
Address: PO BOX 716 10052 S.W.52PL.
City-St-Zip: CEDAR KEY, FL 32625

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V.P. ( ) Change (X) Addition
Name: STEFANI, GINA
Address: P.O BOX 716 10050 S.W.52 PL
City-St-Zip: CEDAR KEY, FL 32625

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER STEFANI PRES 06/18/2008

Electronic Signature of Signing Officer or Director — Date