

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V51015

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ISLAND FOLIAGE DESIGNS, INC.

**Current Principal Place of Business:**

3106 GIULIANO AVE.  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

4808 CRESTHAVEN BLVD.  
APT. B  
WEST PALM BEACH, FL 33415 US

**Current Mailing Address:**

P.O. BOX 18275  
LAKE WORTH, FL 33416 US

**New Mailing Address:**

**FEI Number:** 65-0347203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OESCH, SALLY K  
3106 GIULIANO AVE  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

OESCH, SALLY K  
4808 CRESTHAVEN BLVD.  
APT. B  
WEST PALM BEACH, FL 33415 US

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

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OESCH, SALLY K  
Address: 4808 CRESTHAVEN BLVD., APT. B  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby 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 all other like empowered.

SIGNATURE: SALLY K. OESCH

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date