


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 018 \*\*\*\*61.25

<b>DOCUMENT # 720000</b>	
1. Entity Name <b>ISLAND BREAKERS - A CONDOMINIUM, INC.</b>	

Principal Place of Business <b>C/O 150 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149</b>	Mailing Address <b>C/O 150 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122006	Chg-NP	CR2E037 (11/05)
4. FEI Number <b>59-1312689</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAGER, MARCIA</b> <b>150 OCEAN LANE DR #10E</b> <b>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LARDON, JEAN</b> <b>150 OCEAN LANE DRIVE 3G</b> <b>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PRIDGEON, ALEIDA</b> <b>150 OCEAN LANE DRIVE, #3B</b> <b>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REGIL, ALVARO</b> <b>150 OCEAN LANE DRIVE #4H</b> <b>KEY BISCAYNE, FL 33149</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HERNANDEZ, MARLENE</b> <b>105 OCEAN LANE DRIVE, #5F</b> <b>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONSUEGRA, JORGE</b> <b>150 OCEAN LANE DRIVE #2E</b> <b>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GAGER, MARCIA</b> <b>150 OCEAN LANE DR #10E</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lardon, Jean</b> <b>150 Ocean Lane Dr. 3G</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pridgen, Aleida</b> <b>150 Ocean Lane Dr. #3B</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Villa, Patricia</b> <b>150 Ocean Lane Dr</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hernandez, Marlene</b> <b>150 Ocean Lane Dr #5F</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Consuegra, Jorge</b> <b>150 Ocean Lane Drive #2E</b> <b>Key Biscayne FL 33149</b>

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 617, 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: Jorge Consuegra 2/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #