2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2005 08:00 AM **Secretary of State** DOCUMENT # V18689 1. Entity Name 1000 ISLANDS, INC. Principal Place of Business Mailing Address 5201 ADAMS ST MANTARAY INN HOLLYWOOD, FL 33021 1715 S. SURF RD. HOLLYWOOD, FL 33019__ US 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0324525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOUCHER, DWAYNE DO NOT WRITE 5201 ADAMS ST HOLLYWOOD, FL 33021 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000268764 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 03/18/05-80056-808 150.00 10. OFFICERS AND DIRECTORS TITLE NAME BOUCHER, DWAYNE 5201 ADAMS ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL BOUCHER, DONNA NAME STREET ADDRESS 5201 ADAMS ST. CITY - ST - ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED