

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90087 001 ***150.00
 01-23-2006 90087 002 *****8.75

DOCUMENT # F05000001606

1. Entity Name
ORGANIC ANSWERS LTD. INCORPORATED



66000240



Principal Place of Business
**4235 BRANDON DRIVE
 DELRAY BEACH, FL 33445**

Mailing Address
**4235 BRANDON DRIVE
 DELRAY BEACH, FL 33445**

2. Principal Place of Business
4235 BRANDON DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
255 NE 2ND AVE
 Suite, Apt. #, etc.
#148

01092006 Chg-P CR2E034 (11/05)

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33445

Country
FLORIDA

Zip
33444

Country
PALM BEACH

4. FEI Number **113453989** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOYLE, JASON
4235 BRANDON DR
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent
 Name **JASON BOYLE**
 Street Address (P.O. Box Number is Not Acceptable)
4235 BRANDON DR
 City **DELRAY BEACH** **FL** Zip Code **33445**

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 **1/19/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

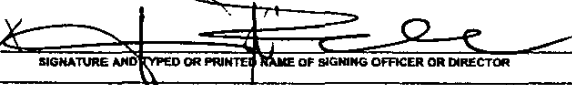
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BOYLE, JASON 4235 BRANDON DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
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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:  DATE **1/19/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR