2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# P03000149565

Entity Name: INGRIDIENTS, INC.

Current Principal Place of Business:

16057 TAMPA PALMS BLVD., W., STE 204
TAMPA, FL 33647

New Principal Place of Business:

198 PRINCE GEORGE ST.
ANNAPOLIS, MD 21401

Current Mailing Address:

16057 TAMPA PALMS BLVD., W., STE 204
TAMPA, FL 33647

New Mailing Address:

198 PRINCE GEORGE ST.
ANNAPOLIS, MD 21401

FEI Number: 35-2221946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHLSTADT, INGRID M.D.
908 S. LAKEVIEW ROAD
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: KOHLSTADT, INGRID M.D.MPH
Address: 908 S. LAKEVIEW RD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: KOHLSTADT, INGRID M.D.MPH
Address: 198 PRINCE GEORGE ST.
City-St-Zip: ANNAPOLIS, MD 21401

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. INGRID KOHLSTADT CEO 04/14/2006

Electronic Signature of Signing Officer or Director — Date