


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90092 005 ***158.75

DOCUMENT # 591204 1. Entity Name INCREDIBLE EDIBLES, INC.																																																																																																																													
Principal Place of Business 1465 S FT HARRISON AVENUE STE 102 CLEARWATER, FL 33756 US			Mailing Address 1465 S FT HARRISON AVENUE STE 102 CLEARWATER, FL 33756 US																																																																																																																										
2. Principal Place of Business 1356 S. FORT HARRISON AVENUE		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State CLEARWATER, FL		City & State																																																																																																																											
Zip 33756		Country																																																																																																																											
4. FEI Number 59-1860701																																																																																																																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent ALEQUIN, RENE 1465 S FT HARRISON AVENUE STE 102 CLEARWATER, FL 33759																																																																																																																													
7. Name and Address of New Registered Agent Name RENE ALEQUIN Street Address (P.O. Box Number is Not Acceptable) 1356 S. FORT HARRISON AVENUE City CLEARWATER FL Zip Code 33756																																																																																																																													
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 <u><i>[Signature]</i></u> DATE <u>3/10/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE/Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																																																																																																																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LEE, MICHELLE</td> <td></td> <td>STREET ADDRESS</td> <td>1356 S. FORT HARRISON AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1465 S FT HARRISON AVE STE 102 CLEARWATER, FL 33756</td> <td></td> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TSKV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ALEQUIN, RENE</td> <td></td> <td>NAME</td> <td>1356 S. FORT HARRISON AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1465 S FT HARRISON AVE STE 102</td> <td></td> <td>STREET ADDRESS</td> <td>CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33756</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	LEE, MICHELLE		STREET ADDRESS	1356 S. FORT HARRISON AVENUE		CITY-ST-ZIP	1465 S FT HARRISON AVE STE 102 CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756		TITLE	TSKV	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ALEQUIN, RENE		NAME	1356 S. FORT HARRISON AVENUE		STREET ADDRESS	1465 S FT HARRISON AVE STE 102		STREET ADDRESS	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>[Signature]</i></u> RENE ALEQUIN <u>3/10/06</u> <u>127-441-2010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													