2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Mar 01, 2006 08:00 AM **DOCUMENT # 654983 Secretary of State** 1. Entity Name INCREDIBLE MOVERS, INC. Principal Place of Business Mailing Address 1661 NW 61 AVENUE MARGATE FL 33063 US 1661 NW 61 AVENUE MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-1983688 Not Applicat ZiD Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMOTHY LETTIERI Street Address (P.O. Box Number is Not Acceptable) 1661 NW 61 AVENUE MARGATE FL 33063 City 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 accepthe obligations of registered agent. SIGNATURE Eignature, typed or printed name of registered agent and fills if applicable DATE (NOTE Registered Agent signature required when reinstating) -FILE NOW!!! FEE IS \$150.00 \$5.00 May ? 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addiii TITLE TITLE Delete LETTIERI, TIMOTHY NAME NAME U000ud451403 STREET ADDRESS 1661 NW 61 AVENUE STREET ADDRESS 03/10/06-80053-001 158**.75** City-St-782 CITY-ST-77P MARGATE FL 33063 Delete ☐ Change T America TITLE ITTLE MARKE NAMI STREET ADDRESS STREET ADDRESS City - St - ZiP CITY-ST-ZIP Delete ritle ☐ Chacos ☐ Add® NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP DAG DITE ☐ Detote TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Detete TIME TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP THE ☐ Detete Change ☐ Add TITLE NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

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