

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001242

Entity Name: INATOME ENTERPRISES, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

286 BOWLINE DR
NAPLES, FL 341034764

New Principal Place of Business:

4101 GULF SHORE BLVD
UNIT 19-S
NAPLES, FL 34103

Current Mailing Address:

286 BOWLINE DR
NAPLES, FL 341034764

New Mailing Address:

4101 GULF SHORE BLVD
UNIT 19-S
NAPLES, FL 34103

FEI Number: 38-2969767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INATOME, RICK
286 BOWLINE DR
NAPLES, FL 341034764 US

Name and Address of New Registered Agent:

INATOME, RICK
4101 GULF SHORE BLVD
UNIT 19-S
NAPLES, FL 34103 US

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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: INATOME, RICK
Address: 286 BOWLINE DR
City-St-Zip: NAPLES, FL 341034764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: INATOME, RICK
Address: 4101 GULF SHORE BLVD UNIT 19-S
City-St-Zip: NAPLES, FL 34103

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: RICK INATOME

CP

04/28/2006

Electronic Signature of Signing Officer or Director

Date