

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004966

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: INCOLLABORATION INCORPORATED

**Current Principal Place of Business:**

29-27 QUEENS PLAZA NO., ROOM 508  
LONG ISLAND CITY, NY 111014009

**New Principal Place of Business:**

**Current Mailing Address:**

29-27 QUEENS PLAZA NO., ROOM 508  
LONG ISLAND CITY, NY 111014009

**New Mailing Address:**

FEI Number: 13-3352849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCINNES, ROBERT C  
3665 SQUARE WEST LANE  
SARASOTA, FL 34238 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: CP ( ) Delete  
Name: WHITE-THORNE, PHYLLIS  
Address: 121 LONGFELLOW ST.  
City-St-Zip: HARTSDALE, NY 10530

Title: DV ( ) Delete  
Name: SALGADO, ANDREW  
Address: 633 LEONARD ST.  
City-St-Zip: BROOKLYN, NY 11222

Title: VC ( ) Delete  
Name: LAMONT, ELAINE  
Address: 87-78 253RD ST.  
City-St-Zip: BELLEROSE, NY 11426

Title: D ( ) Delete  
Name: ROBBINS, ELLEN  
Address: 106 MARK LANE  
City-St-Zip: ATLANTIC BEACH, NY 11509

Title: S ( ) Delete  
Name: FATHI, SUZANNE  
Address: 205 WEST END AVENUE  
City-St-Zip: NEW YORK, NY 10023

Title: T ( ) Delete  
Name: PRENDERGAST, CHRISTINE  
Address: 341 WEST 88TH ST.  
City-St-Zip: NEW YORK, NY 10024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT C. MCINNES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

04/07/2008

\_\_\_\_\_ Date