

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004966

FILED
Mar 19, 2009
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:

29-27 QUEENS PLAZA NORTH
ROOM 301
LONG ISLAND CITY, NY 111014009

Current Mailing Address:

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

New Mailing Address:

29-27 QUEENS PLAZA NORTH
ROOM 301
LONG ISLAND CITY, NY 111014009

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: ANDREW SALGADO

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date