

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90087 001 \*\*\*150.00  
01-23-2006 90087 002 \*\*\*\*\*8.75

**66000240**



01092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F05000001606</b> 1. Entity Name <b>ORGANIC ANSWERS LTD. INCORPORATED</b>					
Principal Place of Business <b>4235 BRANDON DRIVE DELRAY BEACH, FL 33445</b>			Mailing Address <b>4235 BRANDON DRIVE DELRAY BEACH, FL 33445</b>		
2. Principal Place of Business <b>4235 BRANDON DRIVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>255 NE 2ND AVE</b> <small>Suite, Apt. #, etc.</small> <b>#148</b>			
City & State <b>DELRAY BEACH FL</b>		City & State <b>DELRAY BEACH FL</b>		4. FEI Number <b>113453989</b>	
Zip <b>33445</b>		Country <b>FLA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOYLE, JASON 4235 BRANDON DR DELRAY BEACH, FL 33445</b>			7. Name and Address of New Registered Agent Name <b>JASON BOYLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4235 BRANDON DR</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33445</b>		
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  DATE <b>1/19/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BOYLE, JASON 4235 BRANDON DRIVE DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			DATE <b>1/19/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		