2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # G64869

1. Entity Name

INCREDIBLE EDIBLES OF DELRAY BEACH, INC.



Principal Place of Business

2101 NW BOCA RATON BLVD.

SUITE 1

BOCA RATON, FL 33431

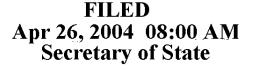
Mailing Address

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2101 NW BOCA RATON BLVD.

SUITE 1

BOCA RATON, FL 33431





DO	NOT	WRITE	IN	THIS	SPA	CE
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CR2E034 (10/03) 02242004 No Chg-P

4, FEI Number 59-2352164

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

RADER, STUART A 2101 NW BOCA RATON BLVD., STE. 1 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

			1						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
	Sign at that, it has not become control or reflection after the same time.	s approache. (NOTE, Nogote-e	o rigoni digitato e	radores in an remaining					
FILE NOW!!! FEE IS \$150.00 After May 1, 2804 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
RILE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, NANCY 12 BRINY BREEZES BLVD. BOYNTON BEACH, FL 33435								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IMERMAN, WILLIAM D 12 BRING BREEZES BLVD. BOYNTON BEACH, FL 33435				000000129360 04/26/04-80074-023 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.									

William D.

IMMERMAN