


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 012 ***158.75

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
**2101 NW BOCA RATON BLVD.
 SUITE 1
 BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State


Zip Country

4. FEI Number
59-2352164

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01122007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, NANCY 12 BRINY BREEZES BLVD. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nancy Hamill</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9917 San Sierra</i> <i>Port Richey, FL 34668</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IMERMAN, WILLIAM D 12 BRING BREEZES BLVD. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>William D. Immerman</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9917 San Sierra</i> <i>Port Richey, FL 34668</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *William D. Immerman* **WILLIAM D. IMMERMAN** *3/1/07* **727 236 3792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BA. is stamped