


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000065893 1. Entity Name INNOVATIVE FORMULAS, LLC	
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Principal Place of Business 301 TURNER STREET CLEARWATER, FL 33755	Mailing Address 301 TURNER STREET CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2470210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MINKOFF, URI
403 EDGEWOOD AVE.
CLEARWATER, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

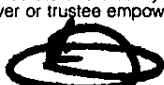
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGGINS, BILL 972 DREW ST., STE. 104 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINKOFF, URI 403 EDGEWOOD AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINKOFF, DAVID 404 EDGEWOOD AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000647775
03/06/07-80085-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **DAVID MINKOFF** **2/24/07** **727-441-4857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #