2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002216

Entity Name: INNOVATIVE TOP TALKS, INC.

GOOTKIN, JODI ELIZABETH

2635 WHITE CEDAR LANE

NAPLES, FL 34109

Name:

Address:

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD, FL 33020 **New Mailing Address: Current Mailing Address:** 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD, FL 33020 FEI Number: 65-1077774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLODAK, EDWARD F P.A. 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD, FL 33020 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HOLODAK, MARIA Name: Name: 5119 VAN BUREN STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: Title: () Delete () Change () Addition EDELSTEIN, SUSAN Name: Name: 265 N.E. 119TH LANE Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA HOLODAK D 04/26/2004