


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90037 009 \*\*\*150.00

<b>DOCUMENT # P01000035508</b> 1. Entity Name <b>INNELLA GROUP, INC.</b>	
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Principal Place of Business <b>601 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432 US</b>	Mailing Address <b>601 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0896524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>COHEN, FRED C 712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS INNELLA, ALAN 6901 SW 18TH ST STE 101 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INNELLA, ALAN 6901 SW 18TH ST STE 101 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INNELLA, LINDA 6901 SW 18TH ST. STE. 101 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **2/21/06** (561) 384-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #