FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90065 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000056255

1. Entity Name
INCOGNITO MATERNITY, INC.

40107138

Principal Place of Business	Mailing Address
3976 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250	3976 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250

01302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4413 Town Center Pkwy.	4413 Town Center Pkwy
Suite, Apt. #, etc.: Suite 218	Suite, Apt. #, etc.: Suite 218
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

4. FEI Number: 59-3722538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAKES, NICOLE
3976 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name: Christine Gracy
Street Address (P.O. Box Number is Not Acceptable): 4413 Town Center Pkwy
Suite 218
City: Jacksonville FL Zip Code: 32246

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] Christine Gracy Pres. 1/30/07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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 HAKES, NICOLE 3976 S 3RD STREET JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACY, CHRISTINE 3976 S 3RD STREET JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gracy, Christine 4413 Town Center Pkwy. Suite 218 Jacksonville, FL 32246	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Christine Gracy Pres. 1/30/07 904-249-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #