


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90394 012 \*\*\*150.00

<b>DOCUMENT # P02000127145</b>	
1. Entity Name <b>INTRODUCTIONS UNLIMITED OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>1130 NORTHWEST 118TH AVENUE PLANTATION, FL 33323</b>	Mailing Address <b>1130 NORTHWEST 118TH AVENUE PLANTATION, FL 33323</b>
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2. Principal Place of Business <b>12100 NW 23 COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>12100 NW 23 COURT</b> Suite, Apt. #, etc.
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City & State <b>PLANTATION FL</b>	City & State <b>PLANTATION FL</b>
Zip <b>33323</b>	Zip <b>33323</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

6. Name and Address of Current Registered Agent <b>ADELSON, BARRY 1130 NW 118 AVE FORT LAUDERDALE, FL 33323</b>	
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04192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1642502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>BARRY ADELSON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12100 NW 23 COURT</b>	
City <b>PLANTATION</b>	Zip Code <b>FL 33323</b>

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: 4-22-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ADELSON, BARRY 1130 NORTHWEST 118TH AVENUE PLANTATION, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT ADELSON, BARRY 12100 NW 23 COURT PLANTATION, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD ADELSON, LAURA S 1130 NORTHWEST 118TH AVENUE PLANTATION, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD ADELSON, LAURA S. 12100 NW 23 COURT PLANTATION, FL 33323 <input checked="" 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
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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:  **PRESIDENT** DATE: 4-21-06 DAYTIME PHONE #: 954-723-9608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR