

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050012

FILED
Feb 07, 2007
Secretary of State

Entity Name: ILOCANDIA, INC.

Current Principal Place of Business:

9526 ARGYLE FOREST BLVD
STE B2
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

9526 ARGYLE FOREST BLVD
STE B2
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 06-1697405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELINA, BENJAMIN
9526 ARGYLE FOREST BLVD
STE B2
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: LELINA, BENJAMIN
Address: 6001 ARGYLE FOREST BLVD, STE 21
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: LELINA, TERESITA
Address: 6001 ARGYLE FOREST BLVD, STE 21
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BENJAMIN LELINA

PRES

02/07/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date