

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123423

Entity Name: INTO EDEN INC

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

3481 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3481 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-1686077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCIA, BRIGETTE A
3880 SHERIDAN STREET
HOLLYWOOD, FL 33021 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: PD () Delete
Name: KASBAR, NOELLE
Address: 3481 EMERALD OAKS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD () Delete
Name: RENERT, ELYSSA
Address: 3325 HOLLYWOOD OAKS DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RENERT, ELYSSA
Address: 11236 BOCA WOODS LANE
City-St-Zip: BOCA RATON, FL 33428

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: NOELLE KASBAR

OWNE

02/26/2007

Electronic Signature of Signing Officer or Director

_____ Date