

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123423

Entity Name: INTO EDEN INC

FILED  
Feb 12, 2008  
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: 11236 BOCA WOODS LANE  
City-St-Zip: BOCA RATON, FL 33428

## 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 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

MS

02/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date