


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90002 007 \*\*\*150.00

<b>DOCUMENT # P04000131476</b>		
1. Entity Name INCENTEX, INC.		

Principal Place of Business 1906 BAYSHORE COURT SAFETY HARBOR, FL 34695 US	Mailing Address 1906 BAYSHORE COURT SAFETY HARBOR, FL 34695 US
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40042920



2. Principal Place of Business - No P.O. Box # <b>4373 BROOKER CREEK DR.</b>	3. Mailing Address <b>4373 BROOKER CREEK DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State <b>PALM HARBOR, FL.</b>	City & State <b>PALM HARBOR, FL.</b>
Zip <b>34685</b>	Country <b>USA</b>
Zip <b>34685</b>	Country <b>U.S.A</b>

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CARNEY, SUZANNE E 1906 BAYSHORE CT SAFETY HARBOR, FL 34695	
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← OLD ADDRESS

7. Name and Address of New Registered Agent	
Name <b>NEW ADDRESS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4373 BROOKER CREEK DR.</b>	
City <b>PALM HARBOR FL</b>	Zip Code <b>34685</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SUZANNE, CARNEY E 1906 BAYSHORE CT SAFETY HARBOR, FL 34695 <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	VP SUZANNE, CARNEY E 1906 BAYSHORE CT SAFETY HARBOR, FL 34695 <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	/T SUZANNE, CARNEY E 1906 BAYSHORE CT SAFETY HARBOR, FL 34695 <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
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

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: Suzanne E. Carney **Suzanne E. CARNEY** 3/22/2007 727 784-5969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #