

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


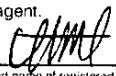
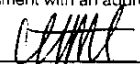
**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90027 030 \*\*\*150.00

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08292006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000078235					
1. Entity Name IMMORTELLE INC					
Principal Place of Business 68 FORT SMITH BLVD DELTONA, FL 32738			Mailing Address 68 FORT SMITH BLVD DELTONA, FL 32738		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address 530 E. GRAVES AVE			
Suite, Apt. #, etc. 11		Suite, Apt. #, etc.			
City & State 11		City & State ORANGE CITY, FLORIDA		4. FEI Number 20-2804172	
Zip 32738	Country USA	Zip 37263	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTES, LISSETTE R 68 FORT SMITH BLVD DELTONA, FL 32738			7. Name and Address of New Registered Agent Name Lissette R. CORTES Street Address (P.O. Box Number is Not Acceptable) 530 E. GRAVES AVENUE City ORANGE CITY FL Zip Code 32763		
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  Lissette R. CORTES 8/28/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, LISSETTE R 68 FORT SMITH BLVD DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORTES, LISSETTE R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 530 E. GRAVES AVENUE ORANGE CITY, FLORIDA 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ANTONIO JR 68 FORT SMITH BLVD DELTONA, FL 32738 <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:  Lissette R. Cortes - Director 8/28/06 (407) 687-8616		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			