


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90361 022 \*\*\*150.00

<b>DOCUMENT # P05000082009</b> 1. Entity Name <b>INNER NAVIGATION, INC.</b>																																											
Principal Place of Business <b>1210 LITCHFIELD DRIVE SUN CITY CENTER, FL 33573</b>			Mailing Address <b>1210 LITCHFIELD DRIVE SUN CITY CENTER, FL 33573</b>																																								
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		04202006    Chg-P    CR2E034 (11/05)																																							
4. FEI Number <b>20-3167691</b>				Applied For <input type="checkbox"/> Not Applicable																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>ALONSO, NOERIN 1210 LITCHFIELD DRIVE SUN CITY CENTER, FL 33573</b>																																							
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>D ALONSO, NOERIN</b></td> <td><b>1210 LITCHFIELD DRIVE</b></td> <td><b>SUN CITY CENTER, FL 33573</b></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>		<b>D ALONSO, NOERIN</b>	<b>1210 LITCHFIELD DRIVE</b>	<b>SUN CITY CENTER, FL 33573</b>																													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																				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.	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																							
SIGNATURE: ✓ <i>Nanni Lenzo</i>				Date: <b>4-26-06</b> Daytime Phone # _____																																							

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