2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050723

Entity Name: INCITE SOLUTIONS, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9495 SUNSET DRIVE STE B285 MIAMI, FL 33173				24417 CROSSCUT RD LUTZ, FL 33559			
Current Mailing Address:				New Mailing Address:			
9495 SUNSET DRIVE STE B285 MIAMI, FL 33173				24417 CROSSCUT RD LUTZ, FL 33559			
FEI Number:	26-0680838	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status D	esired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MONTES, RHESA 9495 SUNSET DRIVE STE B285 MIAMI, FL 33173 US				MONTES, RHESA 24417 CROSSCUT RD LUTZ, FL 33559 US			
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: RHESA MONTES				04/29/2008			
Electronic Signature of Registered Agent						Date	_
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HARRYLAL, DAN 9495 SUNSET DI	RIVE STE B285		Title: Name: Address: City-St-Zip:	D (X) HARRYLAL, DAN 24417 CROSSC LUTZ, FL 33559	UT RD	
Title: Name: Address: City-St-Zip:	D ()E HARRYLAL, ALAI 9495 SUNSET DI MIAMI, FL 33173	RIVE STE B285		Title: Name: Address: City-St-Zip:	D (X) HARRYLAL, ALA 24417 CROSSC LUTZ, FL 33559	UT RD	
Title: Name: Address: City-St-Zip:	D () E MONTES, RHESA 9495 SUNSET DI MIAMI, FL 33173	RIVE STE B285		Title: Name: Address: City-St-Zip:	D (X) MONTES, RHES 24417 CROSSC LUTZ, FL 33559	UT RD	
Title: Name: Address: City-St-Zip:	D () E ARZOLA, MARIA 9495 SUNSET DI MIAMI, FL 33173	RIVE STE B285		Title: Name: Address: City-St-Zip:	D (X) ARZOLA, MARIA 24417 CROSSC LUTZ, FL 33559	UT RD	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D () OAKLAND, THOI 1921 SW 8TH D GAINSVILLE, FL	RIVE	
Title: Name: Address: City-St-Zip:	() [Delete		Title: Name: Address: City-St-Zip:	D () CHRYSTAL, ALL 24417 CROSSC LUTZ, FL 33559	UT RD	

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: RHESA MONTES D 04/29/2008