
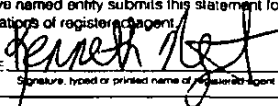
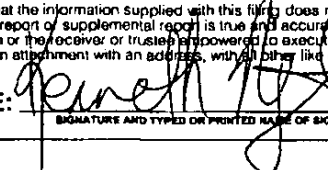


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 20, 2007 8:00 am
Secretary of State

03-07-2007 90021 048 ***150.00

DOCUMENT # P06000057899					
1. Entity Name TO THE INCH, INC.					
Principal Place of Business 3923 LAKE WORTH ROAD SUITE 209 LAKE WORTH, FL 33461			Mailing Address 3923 LAKE WORTH ROAD SUITE 209 LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box # 3227 N ST RD 7			3. Mailing Address ← SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MARGATE FLORIDA			City & State		
Zip 33063		Country USA		4. FEI Number 20-4767158	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEJIB, HOWARD L 3923 LAKE WORTH ROAD SUITE 209 LAKE WORTH, FL 33461				7. Name and Address of New Registered Agent Name KENNETH NEJIB Street Address (P.O. Box Number is Not Acceptable) 3227 N ST RD 7 City MARGATE FL Zip Code 33063	
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:  KENNETH NEJIB <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small> DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PS <input checked="" type="checkbox"/> Delete				
NAME	NEJIB, HOWARD				
STREET ADDRESS	3923 LAKE WORTH ROAD #209				
CITY-STATE-ZIP	LAKE WORTH, FL 33461				
TITLE	VT <input type="checkbox"/> Delete				
NAME	NEJIB, KENNETH				
STREET ADDRESS	3923 LAKE WORTH ROAD #209				
CITY-STATE-ZIP	LAKE WORTH, FL 33461				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
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, without other like empowered.					
SIGNATURE: 			3/2/07 954984983		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Time Phone #		