2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# P93000075316

Entity Name: INTANGIBLES, INC.

Current Principal Place of Business:

524 PLYMOUTH RD. BOX 639
GYWNEDD VALLEY, PA 19437

New Principal Place of Business:

801 S. UNIVERSITY DR.
SUITE #C110
PLANTATION, FL 33324

Current Mailing Address:

524 PLYMOUTH RD. BOX 639
GYWNEDD VALLEY, PA 19437

New Mailing Address:

801 S. UNIVERSITY DR.
SUITE #C110
PLANTATION, FL 33324

FEI Number: 65-0454164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALINARDI, FRANKY
801 S. UNIVERSITY DR. #C110
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SALINARDI, FRANKY
Address: 801 S. UNIVERSITY DR. #C110
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: SALINARDI, ELSIE
Address: 801 S. UNIVERSITY DR #C110
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKY SALINARDI D 05/05/2006

Electronic Signature of Signing Officer or Director Date