

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037605

Entity Name: INNOVATION INDUSTRIES, INC.

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

848 S. BAY ST
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1906
EUSTIS, FL 327261906 US

New Mailing Address:

FEI Number: 59-3279102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM-HUGHES, MARY
1808 LAKE EUSTIS DR
EUSTIS, FL 32776 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, KEITH
Address: 1808 LK EUSTIS DR
City-St-Zip: EUSTIS, FL 32726

Title: VSTD () Delete
Name: ABRAHAM-HUGHES, MARY
Address: 1808 LK EUSTIS DR
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUGHES, KEITH
Address: 1230 OVERLOOK DRIVE
City-St-Zip: EUSTIS, FL 32726

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: MARY ABRAHAM-HUGHES

VP

02/23/2006

Electronic Signature of Signing Officer or Director

Date