
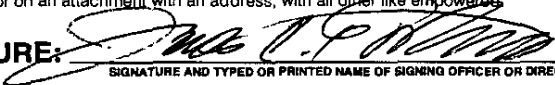


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90029 008 \*\*\*150.00

<b>DOCUMENT # P97000022833</b> 1. Entity Name <b>IN-CERTS, INC.</b>			
Principal Place of Business <b>9000 SHERIDAN ST STE 149 PEMBROKE PINES, FL 33024</b>		Mailing Address <b>9000 SHERIDAN ST STE 149 PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 848668</b> Suite, Apt. #, etc.	
City & State		City & State <b>Pembroke Pines</b>	
-Zip-		-Zip- <b>FL</b>	
Country		Country <b>33084-8668</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FORTUNE, JAMES C 13339 N.W. 10TH STREET SUNRISE, FL 33323</b>		<b>7. Name and Address of New Registered Agent</b> 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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FORTUNE, DAVID E</b> <b>9000 SHERIDAN ST STE 149</b> <b>PEMBROKE PINES, FL 33024</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>David E Fortune</b> <b>5733 NW 119th Drive</b> <b>Coral Springs, FL 33076</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>FORTUNE, JAMES C</b> <b>13339 NW 10TH ST</b> <b>SUNRISE, FL 33323</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	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 exemption stated in Section 119.07(3)(i), 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 Empowers.			
<b>SIGNATURE:</b> 		Date <b>1/13/04</b> 854 810 1371	