


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State


04-18-2005 90275 046 ***150.00

DOCUMENT # P97000022833 1. Entity Name IN-CERTS, INC.	
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Principal Place of Business 9000 SHERIDAN ST STE 149 PEMBROKE PINES, FL 33024	Mailing Address PO BOX 848668 HOLLYWOOD, FL 33084
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DO NOT WRITE IN THIS SPACE

66017579



01042005 No Chg-P CR2E034 (10/03)

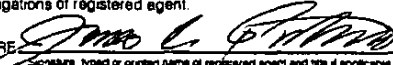
4. FEI Number 65-0739813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORTUNE, JAMES C
13339 N.W. 10TH STREET
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/12/05

(NOTE: Registered Agent signature required when reappointing)

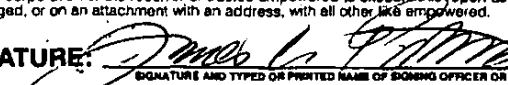
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUNE, DAVID E 5733 NW 119TH DRIVE POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO FORTUNE, JAMES C 13339 NW 10TH ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowered.

SIGNATURE:  DATE: 4/12/05 DAYTIME PHONE # 954 812 1372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR