

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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nours per response	e 0.5			

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)										
1. Name and Address of Reporting Person* Barton Sterling C.	2. Date of Event Requiring Statement (Month/Day/Year)			3. Issuer Name and Ticker or Trading Symbol INNOCAP INC [(none)]						
(Last) (First) (Middle) 823 SOUTH SIXTH STREET, SUITE 100			4. Relationship of Issuer (Check Director	f Reporting Person all applicable) X 10% Own	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)				
(Street) LAS VEGAS, NV 89101					Officer (give tit below)		6. Individed Applicable X Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)	2. Amount of Sec Beneficially Owr (Instr. 4)			ned		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
COMMON STOCK	MMON STOCK 1,100,100			00		D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.										
Table II - Derivativ						· •		T [']		
(Instr. 4) and Expiration Date (Month/Day/Year) Se		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
l -	Date Exercisable	Expiration Date	Title	Amoun Shares	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)			

Reporting Owners

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
Barton Sterling C. 823 SOUTH SIXTH STREET, SUITE 100 LAS VEGAS, NV 89101		X			

Signatures

/S/ S. CRAIG BARTON	09/23/2008
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.