

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000109311

**FILED  
Jan 22, 2007  
Secretary of State**

**Entity Name:** INSPIRED TECHNOLOGIES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3278 CRAWFORDVILLE HWY  
UNIT H  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

3278 CRAWFORDVILLE HWY  
UNIT H  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 01-0746858     **FEI Number Applied For ( )**     **FEI Number Not Applicable ( )**     **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODSON, CRAIG  
116 STRATTONWOOD PLACE  
CRAWFORDVILLE, FL 32327 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: D            ( ) Delete  
Name: GOODSON, CRAIG  
Address: 116 STRATTONWOOD PLACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D            ( ) Delete  
Name: BRUCE, RICHARD A  
Address: 241 DUNCAN DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D            (X) Change ( ) Addition  
Name: BRUCE, RICHARD A  
Address: 441 HARVEY MILL RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CRAIG GOODSON

MR.

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date