


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049187 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 11 PM 3:17

DOCUMENT # P02000109311 1. Entity Name INSPIRED TECHNOLOGIES OF NORTH FLORIDA, INC.	
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Principal Place of Business 116 STRATTONWOOD PLACE CRAWFORDVILLE FL 32327	Mailing Address 116 STRATTONWOOD PLACE CRAWFORDVILLE FL 32327
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2. Principal Place of Business <i>116 Strattonwood Place</i> Suite, Apt. #, etc.	3. Mailing Address <i>116 Strattonwood Place</i> Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State <i>Crawfordville, FL</i>	City & State <i>Crawfordville FL</i>	4. FEI Number <i>01-0746858</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32327</i>	Country <i>USA</i>	Zip <i>32327</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOODSON, CRAIG 116 STRATTONWOOD PLACE CRAWFORDVILLE FL 32327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *[Signature]* DATE *7/15/03*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODSON, CRAIG 116 STRATTONWOOD PLACE CRAWFORDVILLE FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100022288221 08/13/03--01055--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, RICHARD A 241 DUNCAN DRIVE CRAWFORDVILLE FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]* DATE: *7/15/03* DAYTIME PHONE #: *(850) 251-9711*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)