


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02475		
1. Entity Name INSPIRATIONAL I, INCORPORATED		

FILED

08 AUG 15 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8190 NW 12TH CRT CORAL SPRINGS, FL 33071-6710	Mailing Address 8190 NW 12TH CRT CORAL SPRINGS, FL 33071-6710
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07312008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN, W. GEORGE 800 SE 3RD AVE FORT LAUDERDALE, FL 33316		Name Street Address (P.O. Box Number is Not Acceptable) 500134597239 08/19/08--01020--012 **\$61.25 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25 Enclosed Money	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		11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORD, EDDIE Sr. 8190 N.W. 12TH CT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ford, Eddie Jr. 8190 N.W. 12th Court Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FORD, ALEAN M 8190 N.W. 12TH CT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Ford, Janelle 8190 N.W. 12th Court Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Freeman, Melaine Ford 2905 Hampshire Drive Augusta, Georgia 30909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Freeman, John Sr. 2905 Hampshire Drive Augusta, Georgia 30909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Roland, Marlena Ford 2905 Hampshire Drive Augusta, Georgia 30909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Roland, John Sr. 2905 Hampshire Drive Augusta, Georgia 30909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alean M. Ford Alean M. Ford August 6, 2008 (954) 755-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Inspirational 1 Inc.
8190 N.W. 12th Court
Coral Springs, Florida
33071

August 6, 2008

Dear Sir:

Enclosed ~~are~~ the 2008 For Profit
Corporation Amended Annual Report,
and the Amended AR Fee \$61.25

I have added the following names.

- P (Ford, Eddie Jr. (son))
ST (Ford, Janelle (Daughter-In-Law))
P (Freeman, Melaine Ford (Daughter))
ST (Freeman, John Sr. (Son-In-Law))
P (Roland, Marlana Ford (Daughter))
ST (Roland, John Sr. (Son-In-Law))

The above names will
serve as Officers with full operating
duties.

My telephone number is...
(954) 755-5579

Sincerely,

Alean M. Ford

P.S Please Rush!!!

Thanks!!!

A.M.