

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02475

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: INSPIRATIONAL I, INCORPORATED

## Current Principal Place of Business:

8190 NW 12TH CRT  
CORAL SPRINGS, FL 330716710

## New Principal Place of Business:

## Current Mailing Address:

8190 NW 12TH CRT  
CORAL SPRINGS, FL 330716710

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, W. GEORGE  
800 SE 3RD AVE  
FORT LAUDERDALE, FL 33316 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FORD, EDDIE SR.  
Address: 8190 N.W. 12TH CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST ( ) Delete  
Name: FORD, ALEAN M  
Address: 8190 N.W. 12TH CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P ( ) Delete  
Name: FORD, EDDIE JR.  
Address: 8190 NW 12TH CRT  
City-St-Zip: CORAL SPRINGS, FL 330716710

Title: ST ( ) Delete  
Name: FORD, JANELLE  
Address: 8190 NW 12TH CRT  
City-St-Zip: CORAL SPRINGS, FL 330716710

Title: P ( ) Delete  
Name: FREEMAN, MELAINE FORD  
Address: 2905 HAMPSHIRE DRIVE  
City-St-Zip: AUGUSTA, GA 30909

Title: ST ( ) Delete  
Name: FREEMAN, JOHN SR.  
Address: 2905 HAMPSHIRE DRIVE  
City-St-Zip: AUGUSTA, GA 30909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEAN M. FORD

OFFI

06/24/2009

Electronic Signature of Signing Officer or Director

Date