2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L06000065420

Entity Name: INSIGHT SPIRITUAL, LLC

Current Principal Place of Business:

778 HADDONSTONE CIR APT 204
HEATHROW, FL 327465537 US

New Principal Place of Business:

1205 EMMEL RD
CASSADAGA, FL 327060320 US

Current Mailing Address:

778 HADDONSTONE CIR APT 204
HEATHROW, FL 327465537 US

New Mailing Address:

PO BOX 320
CASSADAGA, FL 327060320 US

FEI Number: 20-5117509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOLTZ, SHAWN V
778 HADDONSTONE CIR APT 204
HEATHROW, FL 327465537 US

Name and Address of New Registered Agent:

BOLTZ, SHAWN V
1205 EMMEL RD
CASSADAGA, FL 327060320 US

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: SHAWN VINCENT BOLTZ 04/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOLTZ, SHAWN V
Address: 778 HADDONSTONE CIR APT 204
City-St-Zip: HEATHROW, FL 327465537 US

Title: MGRM (X) Delete
Name: COCKLE, DAVID A
Address: 616 LAKE DR
City-St-Zip: DELAND, FL 327241350 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOLTZ, SHAWN V
Address: 1205 EMMEL RD
City-St-Zip: CASSADAGA, FL 327060320 US

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHAWN VINCENT BOLTZ MGRM 04/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date