2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-02-2005 90043 013 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # L71531

1. Entity Name

INSPIRATION MARKETS, INC.

Principal Place of Business	Mailing Address
501 S. BOULEVARD OF THE PRESIDENTS P.O. BOX 3496 SARASOTA FL 34230	501 S. BOULEVARD OF THE PRESIDENTS P.O. BOX 3496 SARASOTA FL 34230

2. Principal Place of Business	3. Mailing Address
522 LUMINARY BLVD	Theodore Goussios
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 1475 Osprey
City & State OSPREY, FLORIDA	City & State Florida 34229-1475
Zip 34229 Country SARASOTA	Zip Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUSSIOUS, THEODORE
501 S. BOULEVARD OF THE PRESIDENTS
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Theodore Goussios

Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1475 Osprey Florida 34229-1475 522 LUMINARY BLVD

City OSPREY FL Zip Code 34229

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 Theodore Goussios 1/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PT GOUSSIONS, THEODORE P.O. BOX 3496, N/A SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Theodore Goussios P.O. Box 1475 Osprey Florida 34229-1475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GOUSSIONS, JUNE A. P.O. BOX 3496, N/A SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS June A Goussios P.O. Box 1475 Osprey Florida 34229-1475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Theodore Goussios 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #