

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004455

FILED
Mar 12, 2008
Secretary of State

Entity Name: INSPIRIT, INC.

Current Principal Place of Business:

1319 NORTH O ST.
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1319 NORTH O STREET
PO BOX 248
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1027681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEREDITH, VIRGINIA
1319 NORTH O STREET
LAKE WORTH, FL 33460 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERGER, LENNY
Address: 231 ALHAMBRA PLACE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P () Delete
Name: CLEMENTS, ROSE
Address: 441 28TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: MOORE, ROBERT
Address: 700 ANDREWS AVE. #301C
City-St-Zip: DELRA BEACH, FL 33483

Title: S () Delete
Name: MARONET, CYNTHIA
Address: 598 ANCHORAGE DR
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: STORDAHL, JULIE
Address: 9301 SW 92ND AVE., APT. A403
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: PAUL, JOHN
Address: 1615 NORTH LAKESIDE
City-St-Zip: LAKE WORTH, FL 33460

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: D (X) Change () Addition
Name: MARONET, BILL
Address: 598 ANCHORAGE DR
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Change () Addition
Name: PAULY, JOHN
Address: 1615 NORTH LAKESIDE
City-St-Zip: LAKE WORTH, FL 33460

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE CLEMENTS

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date