

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001432

FILED
Mar 07, 2007
Secretary of State

Entity Name: INSIDEOUT ART AND WELLNESS, INC.

Current Principal Place of Business:

PO BOX 50043
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

2750 NE 10TH TERRACE
POMPANO BEACH, FL 33064

Current Mailing Address:

PO BOX 50043
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 75-3212167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, HARMONY
5750 NE 10TH TERR
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

JONES, HARMONY
2750 NE 10TH TERR
POMPANO BEACH, FL 33064 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: HARMONY JONES

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, LISA MAATR
Address: 2750 NE 10TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: JONES, HARMONY
Address: 2750 NE 10TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: REISS, THELDA
Address: 2052 HARWOOD E CENTURY VILLAGE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, LISA
Address: 2750 NE 10TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

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 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: LISA COHEN

D

03/07/2007

Electronic Signature of Signing Officer or Director

Date