

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001432

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: INSIDEOUT ART AND WELLNESS, INC.

**Current Principal Place of Business:**

2750 NE 10TH TERRACE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**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  
2750 NE 10TH TERR  
POMPANO BEACH, FL 33064 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: D ( ) Delete  
Name: COHEN, LISA  
Address: 2750 NE 10TH TERR  
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: D ( ) Delete  
Name: JONES, HARMONY  
Address: 2750 NE 10TH TERR  
City-St-Zip: POMPAN0 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: ( ) 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 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

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date