2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009893

BELLE, JAMESI E

BELLE, JOSETTE E

2115 NE 169TH STREET #A

2115 NE 169TH STREET #A

NORTH MIAMI BEACH, FL 33162

() Delete

NORTH MIAMI BEACH, FL 33162

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jul 10, 2007 Secretary of State

Entity Name: INSPIRATIONALLY SOUND, INC.			
Current Pr	incipal Place of Business:	New Principal Place of Business:	
2115 NE 169TH STREET #A NORTH MIAMI BEACH, FL 33162			
Current Ma	ailing Address:	New Mailing Address:	
PO BOX 540505 OPALOCKA, FL 33054			
	22-3943518 FEI Number Applied For () FEI Number Applied For () FEI Number Applied For () FEI Number State () FEI Number Address of Current Registered Agent:	mber Not Applicable() the prior notice. Name and Address of I	Certificate of Status Desired (X) New Registered Agent:
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US		BELLE-JACKSON, JUDITH L 2115 N.E. 169TH STREET APT. A NORTH MIAMI BEACH, FL 33162 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: JUDITH L. BELLE-JACKSON			07/10/2007
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () Delete BELLE-JACKSON, JUDITH 2115 NE 169TH STREET #A NORTH MIAMI BEACH, FL 33162	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete JACKSON, KEITH L 2115 NE 169TH STREET #A NORTH MIAMI BEACH, FL 33162	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title:	D () Delete	Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JUDITH L BELLE-JACKSON **PFTD** 07/10/2007

() Change () Addition