

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000669

FILED
Jan 04, 2008
Secretary of State

Entity Name: INNERMOTION, INC.

Current Principal Place of Business:

621 S. FEDERAL HIGHWAY
#10
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

P O BOX 669
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 65-0209811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, ROSANNE T
621 S. FEDERAL HIGHWAY #10
FORT LAUDERDALE, FL 33301 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: STD () Delete
Name: CARY-SCHWARTZ, AMY
Address: PO BOX 669
City-St-Zip: ALACHUA, FL 32616

Title: PD () Delete
Name: MITCHELL, SONYA
Address: PO BOX 669
City-St-Zip: ALACHUA, FL 32616

Title: VPD () Delete
Name: HJELMEIR, LORRAINE M
Address: 14819 NW 103 TERRACE
City-St-Zip: ALACHUA, FL 32615

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: LORRAINE M HJELMEIR

VPD

01/04/2008

Electronic Signature of Signing Officer or Director

Date