

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130985

FILED
Apr 25, 2007
Secretary of State

Entity Name: INSPIRED CREATIONS UNLIMITED, INC.

Current Principal Place of Business:

3906 RYALWOOD CT.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89485
TAMPA, FL 33689

New Mailing Address:

FEI Number: 74-3090985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUGGS, ROGER
P.O. BOX 89485
TAMPA, FL 33689 US

Name and Address of New Registered Agent:

LANGSTON, LANA DR.
3906 RYALWOOD CT.
VALRICO, FL 33594 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: DR. LANA LANGSTON

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGSTON, LANA
Address: 3906 RYALWOOD CT.
City-St-Zip: VALRICO, FL 33594

Title: VT () Delete
Name: SUGGS, ROGER
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

Title: S () Delete
Name: LANGSTON, LAWRENCE
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANGSTON, LANA DR.
Address: 3906 RYALWOOD CT.
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LANGSTON, LAWRENCE DR.
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

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

SIGNATURE: DR. LANA LANGSTON

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date