

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006897

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: INSIDE OUT DESIGN & ACCESORIES, INC.

## Current Principal Place of Business:

1623 MICANOPY AVENUE  
MIAMI, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

1623 MICANOPY AVENUE  
COCONUT GROVE, FL 33133 US

## New Mailing Address:

FEI Number: 05-0554739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARR, NEAL E  
15959 NW 15TH AVENUE  
MIAMI, FL 33169 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FARR, EILEEN A  
Address: 1623 MICANOPY AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VP ( ) Delete  
Name: APPELROUTH, RACHEL I  
Address: 1623 MICANOPY AVENUE  
City-St-Zip: MIAMI, FL 33133 US

Title: SECY ( ) Delete  
Name: FARR, NEAL E  
Address: 1623 MICANOPY AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133 US

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

SIGNATURE: NEAL E FARR

SECY

07/22/2008

Electronic Signature of Signing Officer or Director

Date