2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081369

Address:

City-St-Zip:

1867 CARAVAN TRAIL #105

JACKSONVILLE, FL 32216

FILED Feb 08, 2005 Secretary of State

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Entity Name: INSIDE OUT WINDOW WASHING, INC.					
Current Principal Place of Business:				New Principal Place of	f Business:
	AVAN TRAIL # VILLE, FL 322				
Current Mailing Address:				New Mailing Address:	
MOTOLAW, INC., C/O AKERMAN SENTERFITT 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202					
FEI Number:	36-4536585	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
INTRASTATE REGISTERED AGENT CORPORATION % HOLLAND & KNIGHT LLP 701 BRICKELL AVE., STE 300 MIAMI, FL 33131 US				INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE STE. 3000 MIAMI, FL 33131 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: INTRASTATE REGISTERED AGENT CORPORA				ATION 02/08/2005	
Electronic Signature of Registered Agent					Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (GRAVETTE, MI 1867 CARAVAN JACKSONVILL	N TRAIL #105		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	D (MIZELLEE, JAI 9560 JOLORU JACKSONVILL	DRIVE		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name:	D () Delete NCY		Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL GRAVETTE D 02/08/2005