

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138303

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: INHARMONY ENTERPRISES, INC.

## Current Principal Place of Business:

9845 CITRADEL ALNE  
UNIT #103  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

9845 CITRADEL ALNE  
UNIT #103  
BONITA SPRINGS, FL 34135 US

FEI Number: 20-0425824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

## New Principal Place of Business:

9845 CITADEL LANE  
UNIT #103  
BONITA SPRINGS, FL 34135 US

## New Mailing Address:

9845 CITADEL LANE  
UNIT #103  
BONITA SPRINGS, FL 34135 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WISNER, ERICA  
Address: 9845 CITADEL LANE, UNIT #103  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ERICA WISNER

PRES

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date