


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 015 ***150.00

DOCUMENT # P04000017953

1. Entity Name
INSPIRED ACCESSORIES, INC.



Principal Place of Business Mailing Address
2113 KENNEN DR. ~~6407 STAFFORD TERRACE AVE~~
VALRICO, FL 33594 ~~PLANT CITY, FL 33565~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. 2113 Kennen Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Valrico FL
 Zip Country Zip Country
 33594

6. Name and Address of Current Registered Agent
~~DEBRAN LYNN B~~
~~6407 STAFFORD TERRACE AVE~~
~~PLANT CITY, FL 33565~~

7. Name and Address of New Registered Agent
 Name
Lisa A Gavy
 Street Address (P.O. Box Number is Not Acceptable)
2113 Kennen Drive
 City Valrico **FL** Zip Code
 33594

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lisa Gavy* DATE: 4/17/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARVY, LISA A 2113 KENNEN DR. VALRICO, FL 3594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Lisa Gavy* DATE: 4/17/08 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR