## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 14, 2005 8:00 am Secretary of State DOCUMENT # P04000150935 09-14-2005 90002 048 \*\*\*150.00 INSPIRATIONAL BOOKS, INC. Principal Place of Business Mailing Address 2103 ATLANTIC BOULEVARD 2120 58TH AVENUE VERO BEACH, FL 32960 SUITE 147 VERO BEACH, FL 32966 US Principal Place of Business USH SUHA 3. Mailing Address Suite, Apt. #, etc. 09062005 CR2E034 (10/03) 4. FEI Number Vero Beach City & State Applied For 3137 Not Applicable COLINIA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, CAROLYN T. **2120 58TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) **SUITE 147** VERO BEACH, FL 32966 Zip Code 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** Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NELSON, CAROLYN T. NAME STREET ADDRESS **2120 58TH AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE Delete ☐ Change Addition THOMPSON, COURTNE E NAME STREET ADDRESS 2120 58TH AVENUE STREET ADDRESS CDY-ST-7IP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NELSON, JAMES E JR. STREET ADDRESS **2120 58TH AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.