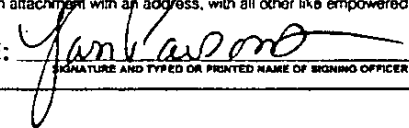


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2006-90004-014 \$150.00-\$150.00

06 SEP 19 PM 2:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000038574					
1. Entity Name INSIDEOUT DESIGNS OF PONTE VEDRA, INC.					
Principal Place of Business 139 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082			Mailing Address 139 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0535682	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PARSONS, JANET D 139 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PARSONS, JANET D		NAME		
STREET ADDRESS	139 COASTAL OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ 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-ZIP		
TITLE		☐ Delete	TITLE	☐ 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-ZIP		
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 like empowered.					
SIGNATURE: 			8/25/2006 (904) 373-0375		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50026687



07032006 Chg-P CR2E034 (11/05)

FL

8/25/2006 (904) 373-0375

9/21/06