

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066099

Entity Name: INSIGHT 2005, INC.

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

826 FAIRWAY DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

37721 LAKE NORRIS RD
EUSTIS, FL 32736

Current Mailing Address:

PO BOX 175
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

37721 LAKE NORRIS RD
EUSTIS, FL 32736

FEI Number: 06-1747491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACPHEE, SUSANNE M
826 FAIRWAY DR.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

MACPHEE, SUSANNE M
37721 LAKE NORRIS RD
EUSTIS, FL 32736 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: SUSANNE MACPHEE

06/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACPHEE, ROGER
Address: 826 FAIRWAY DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: MACPHEE, SUSANNE
Address: 826 FAIRWAY DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACPHEE, ROGER
Address: 37721 LAKE NORRIS RD
City-St-Zip: EUSTIS, FL 32736

Title: D (X) Change () Addition
Name: MACPHEE, SUSANNE
Address: 37721 LAKE NORRIS RD
City-St-Zip: EUSTIS, FL 32736

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: SUSANNE MACPHEE

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date