2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015681

Entity Name: I-NET ENTERPRISES INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2507 BEAR PAW CT. 2220 C.R. 210 W. STE. 108 #419 ST. AUGUSTINE, FL 32092 US ST. JOHNS, FL 32259 US

Current Mailing Address: New Mailing Address:

2507 BEAR PAW CT. 2220 C.R. 210 W. STE. 108 #419 ST. AUGUSTINE, FL 32092 US ST. JOHNS, FL 32259 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ALLEY, RHIANNON
 Name:
 ALLEY, RHIANNON

 Address:
 2507 BEAR PAW CT.
 Address:
 2220 C.R. 210 W. STE. 108 # 419

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. JOHNS, FL 32259

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: ALLEY, RHIANNON Name: ALLEY, RHIANNON

Address: 2507 BEAR PAW CT. Address: 2220 C.R. 210 W. STE. 108 # 419

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. JOHNS, FL 32259

Title: D () Delete Title: D (X) Change () Addition Name: ALLEY, RHIANNON Name: ALLEY, RHIANNON

Address: 2507 BEAR PAW CT. Address: 2220 C.R. 210 W. STE. 108 # 419

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. JOHNS, FL 32259

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: RHIANNON ALLEY P 02/25/2009