

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000141342

Entity Name: BOAST INSIGHT, INC

FILED
Nov 04, 2008
Secretary of State

Current Principal Place of Business:

5469 QUEENSHIP COURT
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5469 QUEENSHIP COURT
GREENACRES, FL 33463 US

New Mailing Address:

FEI Number: 16-1770627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, ANN-MARIE
5469 QUEENSHIP CT
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

CAMERON, BARRIS
5469 QUEENSHIP CT
GREENACRES, FL 33463 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: BARRIS CAMERON

11/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMERON, ANN-MARIE
Address: 5469 QUEENSHIP CT
City-St-Zip: GREENACRES, FL 33463 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMERON, BARRIS
Address: 5469 QUEENSHIP CT
City-St-Zip: GREENACRES, FL 33463 US

Title: VP () Change (X) Addition
Name: CAMERON, ANN-MARIE
Address: 5469 QUEENSHIP CT
City-St-Zip: GREENACRES, FL 33463

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: BARRIS CAMERON

P

11/04/2008

Electronic Signature of Signing Officer or Director

Date