

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001649

Entity Name: IN JOY CONSULTING, INC.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

23039 SKYVIEW CIRCLE  
BROOKSVILLE, FL 34602 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 12364  
BROOKSVILLE, FL 34603 US

## New Mailing Address:

FEI Number: 20-8161369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DREAMWEB OFFICE CONSULTANTS, INC.  
11404 SUNCREEK PLACE  
TEMPLE TERRACE, FL 33617 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: PALOMINO, SONJA L  
Address: PO BOX 12364  
City-St-Zip: BROOKSVILLE, FL 34603

Title: VP ( ) Delete  
Name: PALOMINO, RICARDO  
Address: PO BOX 12364  
City-St-Zip: BROOKSVILLE, FL 34603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SONJA PALOMINO

P

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date