

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065748

Entity Name: INRESOL INC

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

251 CREEKSIDE DRIVE
10
AMELIA ISLAND, FL 32034

Current Mailing Address:

251 CREEKSIDE DRIVE
10
AMELIA ISLAND, FL 32034

New Principal Place of Business:

251 CREEKSIDE DRIVE
B16
AMELIA ISLAND, FL 32034

New Mailing Address:

251 CREEKSIDE DRIVE
B16
AMELIA ISLAND, FL 32034

FEI Number: 26-0293453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRIQUI, CLAUDE
251 CREEKSIDE DRIVE
10
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

CHRIQUI, CLAUDE
251 CREEKSIDE DRIVE
B16
AMELIA ISLAND, FL 32034 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: CLAUDE CHRIQUI

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHRIQUI, CLAUDE
Address: 251 CREEKSIDE DRIVE #10
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRIQUI, CLAUDE
Address: 251 CREEKSIDE DRIVE B16
City-St-Zip: AMELIA ISLAND, FL 32034

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: CLAUDE CHRIQUI

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date