2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P07000088409

Entity Name: INBETWEEN DAYS, INC.

Current Principal Place of Business:

29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

18239 CLEAR LAKE DRIVE
LUTZ, FL 33548 US

Current Mailing Address:

29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

18239 CLEAR LAKE DRIVE
LUTZ, FL 33548 US

FEI Number: 26-0662641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIMAS, PATTIE
29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

MCLEOD, PATTIE
18239 CLEAR LAKE DRIVE
LUTZ, FL 33548 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: PATTIE MCLEOD 01/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIMAS, PATTIE
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: P/VP ( ) Delete
Name: RIMAS, PATTIE
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: S/T ( ) Delete
Name: RIMAS, PATTIE
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCLEOD, PATTIE
Address: 18239 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: P/VP (X) Change ( ) Addition
Name: MCLEOD, PATTIE
Address: 18239 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: S/T (X) Change ( ) Addition
Name: MCLEOD, PATTIE
Address: 18239 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548 US

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: PATTIE MCLEOD P 01/23/2009
Electronic Signature of Signing Officer or Director Date