2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-02-2008 90113 032 ***150.00
P07000109810

FILED
08 JUN 24 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000109810

1. Entity Name
INSANU , INC.

Principal Place of Business
3714 MATHESON AVENUE
MIAMI FL 33133

Mailing Address
3714 MATHESON AVENUE
MIAMI FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

City & State

4. FEI Number [X] Applied For [ ] Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEDERMEYER, TRACY
3714 MATHESON AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P	[ ] Delete
NAME	NIEDERMEYER, TRACY	
STREET ADDRESS	3714 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	[ ] Delete
NAME	NIEDERMEYER, TRACY	
STREET ADDRESS	3714 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D/VP	[ ] Delete
NAME	FRALEIGH, MARK	
STREET ADDRESS	3714 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	[ ] Delete
NAME	FRALEIGH, MARK	
STREET ADDRESS	3714 MATHESON AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T Niedermeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #