

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050711

FILED
Apr 20, 2009
Secretary of State

Entity Name: INSIGHT ACCOUNTING & TAX ASSOCIATES, INC.

Current Principal Place of Business:

3490 NORTH KEY DRIVE
C211
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

20031 WAGNER AVE
ALVA, FL 33920

Current Mailing Address:

3490 NORTH KEY DRIVE
C211
NORTH FORT MYERS, FL 33903

New Mailing Address:

20031 WAGNER AVE
ALVA, FL 33920

FEI Number: 26-2659759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA QUADRA, HEIDI EA
3490 NORTH KEY DRIVE
C211
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

LA QUADRA, HEIDI EA
20031 WAGNER AVE
ALVA, FL 33920 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: HEIDI LA QUADRA

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LA QUADRA, HEIDI EA
Address: 3490 NORTH KEY DRIVE #C211
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LA QUADRA, HEIDI EA
Address: 20031 WAGNER AVE
City-St-Zip: ALVA, FL 33920

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: HEIDI LA QUADRA

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date