2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P10000012292

Entity Name: HEALTH AND INSPIRATION ENTERPRISES, INC.

Current Principal Place of Business:

8706 THORNWOOD LANE
TAMPA, FLORIDA, 33615 US

New Principal Place of Business:

8706 THORNWOOD LANE
TAMPA, FLORIDA, FL 33615 US

Current Mailing Address:

8706 THORNWOOD LANE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 95-4876891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFF, RICK
8706 THORNWOOD LANE
TAMPA, FL 33615 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

OFFICERS AND DIRECTORS:

Title: P
Name: SCHAFF, RICK
Address: 8706 THORNWOOD, LANE
City-St-Zip: TAMPA, FL 33615 US

Title: VP
Name: SCHAFF, RICK
Address: 8706 THORNWOOD, LANE
City-St-Zip: TAMPA, FL 33615 US

Title: T
Name: SCHAFF, RICK
Address: 8706 THORNWOOD, LANE
City-St-Zip: TAMPA, FL 33615 US

Title: S
Name: SCHAFF, RICK
Address: 8706 THORNWOOD, LANE
City-St-Zip: TAMPA, FL 33615 US

Title: O
Name: SCHAFF, RICK
Address: 8706 THORNWOOD LANE
City-St-Zip: TAMPA, FL 33615

Title: O
Name: SCHAFF, RICK
Address: 8706 THORNWOOD LANE
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: RICK SCHAFF MR. 01/07/2011

Electronic Signature of Signing Officer or Director Date