

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90164 012 \*\*\*158.75

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1. Entity Name  
**INNER VALUES INCORPORATED**



Principal Place of Business

430 ROSS AVENUE  
MELBOURNE BEACH, FL 32951

Mailing Address

430 ROSS AVENUE  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0633482

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPINOSA, LARRY  
430 ROSS AVENUE  
MELBOURNE BEACH, FL 32951

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IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SPINOSA, LARRY
STREET ADDRESS	430 ROSS AVENUE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	D
NAME	TOLLEFSON, WILLIAM
STREET ADDRESS	430 ROSS AVENUE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	ST
NAME	SPINOSA, DIANE M
STREET ADDRESS	430 ROSS AVE
CITY-ST-ZIP	MELBOURNE BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Diane M. Spinosa (Diane M. Spinosa) CFO 1/4/06 (321) 676-4104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #