

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90100 045 ***150.00

DOCUMENT # P98000001539 1. Entity Name INNER JOURNEY, INC.			
Principal Place of Business 5801 S.W. 74TH TERRACE SOUTH MIAMI, FL 33143		Mailing Address 5801 S.W. 74TH TERRACE UNIT 11 SOUTH MIAMI, FL 33143 US	
2. Principal Place of Business 8925 COLLINS AVE.		3. Mailing Address 8925 COLLINS AVE.	
Suite, Apt. #, etc. APT. 3-H		Suite, Apt. #, etc. APT. 3-H	
City & State SURFSIDE, FL		City & State SURFSIDE, FL	
Zip 33154		Zip 33154	
Country USA		Country USA	
4. FEI Number 65-0804836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENBERG, STEVEN M 6191 S.W. 45TH STREET SUITE 6151A DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTSD	NAME YORK, VALERIE	TITLE PTSD	NAME YORK-ZIMMERMAN, VALERIE
STREET ADDRESS 5801 S.W. 74TH TERRACE #11	CITY-ST-ZIP SOUTH MIAMI, FL 33143	STREET ADDRESS 8925 COLLINS AVE.	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE VPD	NAME ZIMMERMAN, LEONARD	TITLE VPD	NAME ZIMMERMAN, LEONARD
STREET ADDRESS 5801 S.W. 74TH TERRACE #11	CITY-ST-ZIP SOUTH MIAMI, FL 33143	STREET ADDRESS 8925 COLLINS AVE.	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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: <i>Valerie York-Zimmerman</i> VALERIE YORK-ZIMMERMAN		2/27/06 305)865-7850 Date Date Phone	