

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000008502

1. Entity Name

INSHALLA PRODUCTS, INC.



Principal Place of Business

10567 CORY LAKE DRIVE
TAMPA FL 33647

Mailing Address

10567 CORY LAKE DRIVE
TAMPA FL 33647

2. Principal Place of Business

5003 BRITTANY DR-South

Suite, Apt. #, etc.
6

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

Zip 33715

Country USA

City & State

Country

4. FEI Number

59-3553896

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS Delete
NAME HOROBEC, BILL R 5003 BRITTANY DR-SO
STREET ADDRESS 10567 CORY LAKE DRIVE STE #6
CITY-ST-ZIP TAMPA FL 33647 ST. PETERSBURG, FL 33715

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT Delete
NAME MCCORD, MICHAEL 5003 BRITTANY DR-S
STREET ADDRESS 10567 CORY LAKE DRIVE STE #6
CITY-ST-ZIP TAMPA FL 33647

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST. PETERSBURG, FL Delete
NAME 33715
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 exemption stated in Section 119.07(3)(i), 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 err address, with all other like empowered.

SIGNATURE:

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 16, 2005 8:00 am
Secretary of State**

02-02-2005 90046 035 ***150.00

66005652



1st MOORE CR2E034 (10/04)