


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90027 018 \*\*\*158.75

<b>DOCUMENT # F02000002615</b> 1. Entity Name <b>IDEA ONE INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2110 DREW STREET, STE. 200 CLEARWATER, FL 33765</b>			Mailing Address <b>2110 DREW STREET, STE. 200 CLEARWATER, FL 33765</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>52-2275336</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KAPLAN, KAREN 2110 DREW STREET, STE. 200 CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>EZRA, MEIR</b> <b>2110 DREW STREET, STE. 200</b> <b>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Ron Suiter</b> <b>26527 Basswood Ave.</b> <b>Rancho Palos Verdes, CA 90275</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAVAS, ANDY</b> <b>21939 US 19 NORTH</b> <b>CLEARWATER, FL 33765</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Adam Krupp</b> <b>58 The Hamlocks</b> <b>Roslyn NY 11576</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERSHMAN, LARRY</b> <b>1270 6TH AVE., STE. 2730</b> <b>NEW YORK, FL 10020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Lael Giebel</b> <b>2110 Drew Street, Suite 200</b> <b>Clearwater, FL 33765</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAPLAN, KAREN</b> <b>2110 DREW STREET, STE. 200</b> <b>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address, with authority like empowered.					
<b>SIGNATURE:</b> _____			<b>March 1, 2004 727-461-9799</b> Date Daytime Phone #		