

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000005834 1. Entity Name INDEBCA, INC.	
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FILED

05 MAR -3 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 836 E. VINE STREET KISSIMMEE, FL 34744	Mailing Address 836 E. VINE STREET KISSIMMEE, FL 34744
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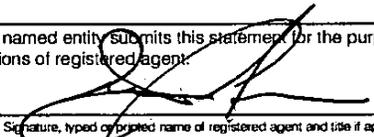
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



02222005	Chg-P	CR2E034 (10/03)	<i>AK</i>
4. FEI Number 59-3696209		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 CABRERA, LUIS A 836 E. VINE STREET KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

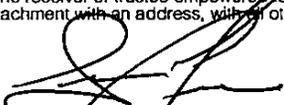
SIGNATURE:  DATE: *e/22/05*

(NOTE: Registered Agent signature required when reinstating)

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUNO, GIOSUE <input type="checkbox"/> Delete 2610 SPRING HILL DR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ANTONIO MICHELLE BRUNO 2610 SPRING HILL DR. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARREIRO, MARIA T <input type="checkbox"/> Delete 2610 SPRING HILL DR KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ROSA BRUNO 2610 SPRING HILL DR. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABRERA, LUIS A <input type="checkbox"/> Delete 836 EAST VINE ST KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ANTONIETTA BRUNO 2610 SPRING HILL DR. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GIOSUE HIGUEL BRUNO 2610 SPRING HILL DR. KISSIMMEE, FL 34743
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 100048064191 03/09/05--01052--025 **\$61.25
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 or other like empowered.

SIGNATURE:  *e/22/05 407-935-0068*