


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 038 ***150.00

DOCUMENT # P04000012378			
1. Entity Name IDEA SOLUTIONS, INC.			
Principal Place of Business C/O R. COOPER 4414 PENINSULA POINT SANFORD, FL 32771		Mailing Address C/O R. COOPER 4414 PENINSULA POINT SANFORD, FL 32771	
2. Principal Place of Business		3. Mailing Address 4402 PENINSULA POINT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SANFORD, FLORIDA	
Zip	Country	Zip 32771	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, RICHARD 4414 PENINSULA POINT SANFORD, FL 32771		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD COOPER, RICHARD 4414 PENINSULA POINT SANFORD, FL 32771 <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
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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 all other like empowered.			
SIGNATURE: <u>Richard Cooper</u>		Date: <u>4-27-05</u>	Daytime Phone #: <u>407-224-6978</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



04282005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

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