

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121268

FILED
Apr 25, 2006
Secretary of State

Entity Name: INTER DEVELOPMENT GLOBAL INC.

Current Principal Place of Business:

2240 WOOLBRIGHT RD.
SUITE 317
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2240 WOOLBRIGHT RD.
SUITE 317
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-3394490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCARDI, STACEY CPA
2240 WOOLBRIGHT RD.
SUITE 317
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELFORD, GARY
Address: 795 GLOUCESTER ST.
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP () Delete
Name: GARY, BELFORD
Address: 795 GLOUCESTER ST
City-St-Zip: BOCA RATON, FL 33487 US

Title: SEC () Delete
Name: BELFORD, GARY
Address: 795 GLOUCESTER ST
City-St-Zip: BOCA RATON, FL 33487 US

Title: TRE () Delete
Name: BELFORD, GARY
Address: 795 GLOUCESTER ST.
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BELFORD

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date