

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 635221

1. Entity Name  
IDEA HOUSE, INC.



**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
15822 73RD TERR. N.  
PALM BEACH GARDENS, FL 33418 US

Mailing Address  
15822 73RD TERR. N.  
PALM BEACH GARDENS, FL 33418 US



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1951979

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ADAMS, CAROL E  
15822 73RD TERR. N.  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ADAMS, JAMES F.S.  
STREET ADDRESS 15822 73RD TERR. N.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ST  
NAME ADAMS, CAROL E  
STREET ADDRESS 15822 73RD TERR. N.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VD  
NAME ADAMS, LANIQ E  
STREET ADDRESS 3717 CANARY DR.  
CITY-ST-ZIP IRVING, TX 75062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000557655  
05/17/06-80060-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carol E. Adams (CAROL E ADAMS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06  
Date

(561) 745-9094  
Daytime Phone #