

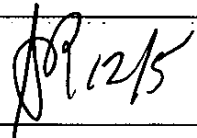


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 769128 1. Entity Name INDEPENDENT DEVELOPMENT EDUCATION ASSOCIATES SERVICES, INC.						FILED 05 DEC -5 PM 4: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA 									
Principal Place of Business 7 PEPITA STREET FT MYERS BEACH, FL 33931 US			Mailing Address P.O. BOX 2863 FT MYERS BEACH, FL 33932 US			12012005 REIN-NP CR2E099 (6/04)		4. FEI Number 65-0138511		Applied For <input type="checkbox"/> Not Applicable					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CHURCH, DONNA J. 7 PEPITA ST. FT. MYERS, FL, FL 33931							
City & State			City & State			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____									
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D CHURCH, DONNA 7 PEPITA STREET FORT MYERS BEACH, FL 33931		<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		SD TRACY, PATRICIA 9239 KINCAID COURT SANIBEL, FL		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061908960 12/05/05--01041--007 **306.25							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P TOMLINSON, WILLIAM E. 1680 RAINFOREST LANE FORT MYERS, FL		<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		D DOLAN, LAURA 12660 SHANNONDALE DR. FT. MYERS, FL		<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		TD CHURCH, ELLISON R 7 PEPITA STREET FT MYERS BEACH, FL 33931		<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 617, 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>Donna Church</u>						<u>Donna Church</u>						12-1-05		1-239-340-3936	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>						<small>Daytime Phone #</small>			