

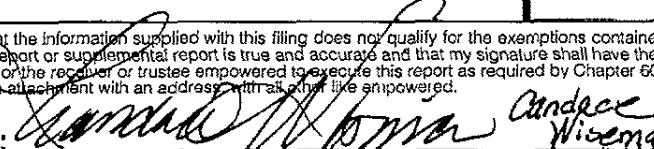


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F90800			
1. Entity Name INTEGRATED DESIGN OF CENTRAL FLORIDA, INC.			
Principal Place of Business 3434 BEECH TRAIL CLEARWATER, FL 33761 US	Mailing Address 3434 BEECH TRAIL CLEARWATER, FL 33761 US		
DO NOT WRITE IN THIS SPACE			
		02272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2203868	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISEMAN, WALTER 3434 BEECH TRAIL CLEARWATER, FL 34621		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISEMAN, WALTER W 3434 BEECH TR CLEARWATER, FL	DO NOT WRITE IN THIS SPACE 000000514326 04/29/06-80168-004 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISEMAN, CANDACE J 3434 BEECH TRAIL CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 recorder 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: 		Date: April 13, 2006 (813) 925-1007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	