

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005586	
1. Entity Name INNOVATIVE ECONOMIC DEVELOPMENT RESOURCES, INC.	

Principal Place of Business 5702 KENWICK SAN ANTONIO, TX 78238	Mailing Address 5702 KENWICK SAN ANTONIO, TX 78238
--	--

DO NOT WRITE IN THIS SPACE

	
04062006	No Chg-P CR2E034 (11/05)
4. FEI Number 74-2669719	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEHRING, RICHARD E
748 BROADWAY, STE. 202
DUNEDIN, FL 34698**

**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 reinstating)	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	U000000501287 04/25/06-80057-005 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD CONDELLO, JOSEPH P 9119 DON MILLS SAN ANTONIO, TX 78250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CONDELLO, ZULEMA A 9119 DON MILLS SAN ANTONIO, TX 78250
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	

**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 807, 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>Joseph P. Condello</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/6/06</u> <u>210-267-8700</u> Date Daytime Phone #
---	--