

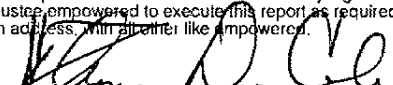


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02481 1. Entity Name BUSINESS IDEAS GROUP, INC.			
Principal Place of Business 140 INTRACOASTAL POINTE DRIVE SUITE 305 JUPITER, FL 33477 US		Mailing Address 140 INTRACOASTAL POINTE DRIVE SUITE 305 JUPITER, FL 33477 US	
DO NOT WRITE IN THIS SPACE			
		02172004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2438293	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
COLE, THOMAS D. 140 INTRACOASTAL POINTE DRIVE SUITE 305 JUPITER, FL 33477		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000057843 02/20/04-80005-022 61.25
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, THOMAS D. 140 INTRACOASTAL PTE DRIVE #305 JUPITER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIVJACK, MARTIN PO BOX 1215 HOBE SOUND, FL 334751215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MALLORY, EARL K PO BOX 8858 JUPITER, FL 334688858		
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 exemption stated in Section 119.07(3)(f), 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: 		Treas.	2/17/04 561-747-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #