


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90016 049 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                  |                                                                                                |                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02481</b><br>1. Entity Name<br><b>BUSINESS IDEAS GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                  |                                                                                                |                                                                     |  |
| Principal Place of Business<br><b>140 INTRACOASTAL POINTE DRIVE<br/>SUITE 305<br/>JUPITER, FL 33477 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                  | Mailing Address<br><b>140 INTRACOASTAL POINTE DRIVE<br/>SUITE 305<br/>JUPITER, FL 33477 US</b> |                                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                       |                                                                                                                                                      |  |
| 4. FEI Number<br><b>59-2438293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                         |                                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                          |                                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                  |                                                                                                | 7. Name and Address of New Registered Agent                                                                                                          |  |
| <b>COLE, THOMAS D.<br/>140 INTRACOASTAL POINTE DRIVE<br/>SUITE 305<br/>JUPITER, FL 33477</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                  |                                                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                  |                                                                                                |                                                                                                                                                      |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                | <b>\$5.00 May Be Added to Fees</b>                                                                                                                   |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                  |                                                                                                |                                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                   |                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TD<br/>COLE, THOMAS D.<br/>140 INTRACOASTAL PTE DRIVE #305<br/>JUPITER, FL</b> <input type="checkbox"/> Delete      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PD<br/>GRIVJACK, MARTIN<br/>PO BOX 1215<br/>HOBE SOUND, FL 334751215</b> <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <b>PD<br/>James E. Rich<br/>19177 Tamara Lane<br/>Jupiter, FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VSD<br/>MALLORY, EARL K<br/>PO BOX 8858<br/>JUPITER, FL 334688858</b> <input type="checkbox"/> Delete               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                        |                                                                                  |                                                                                                |                                                                                                                                                      |  |
| <b>SIGNATURE:</b> <i>Thomas D. Cole</i> <b>Thomas D. Cole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                  | Date <b>2/14/05</b> Daytime Phone # <b>561-747-1040</b>                                        |                                                                                                                                                      |  |