

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 047 ****61.25

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**

40000000



01112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2438293

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLÉ, 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
RICH, JAMES E
19177 TAMARA LANE
JUPITER, FL 33458**

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

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/06 561-747-1040