


FILED
Mar 26, 2007 8:00 am
Secretary of State

40041343



DOCUMENT # N02481				03-26-2007 90065 032 ****61.25	
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2438293	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLE, THOMAS D. 140 INTRACOASTAL POINTE DRIVE SUITE 305 JUPITER, FL 33477				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TD COLE, THOMAS D. 140 INTRACOASTAL PTE DRIVE #305 JUPITER, FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
PD RICH, JAMES E 19177 TAMARA LANE JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete			PD MALLORY, EARL K. P.O. BOX 8858 JUPITER, FL 33468-8858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
VSD MALLORY, EARL K PO BOX 8858 JUPITER, FL 334688858 <input checked="" type="checkbox"/> Delete			SD GRINJACK, MARTIN P.O. BOX 1215 HOBE SOUND, FL 33475-1215 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: _____ Date: 3/27/07 561 747 1940 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					