

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007927

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: S.B.IDEA, INC.

## Current Principal Place of Business:

4600 N OCEAN BLVD, SUITE 206  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

4600 N OCEAN BLVD, SUITE 206  
BOYNTON BEACH, FL 33435

## New Mailing Address:

629 WEST DRIVE  
DELRAY BEACH, FL 33445

FEI Number: 26-3256441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOH, ERIK EDWARD ESQ.  
HINMAN, HOWARD & KATTELL, LLP  
4600 N OCEAN BLVD, SUITE 206  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROWLAND, PATRICIA A  
Address: 629 WEST DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: GOLD, JAMES  
Address: 315 PINE RIDGE CIRCLE APT C-1  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: GOLD, KAREN  
Address: 315 PINE RIDGE CIRCLE APT C-1  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: PELSER, ROGER  
Address: 2605 N 112TH COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: MCDONALD, DANA  
Address: 610 WEST DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. ROWLAND

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date