

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003644

FILED  
Sep 05, 2010  
Secretary of State

Entity Name: IDUKA CORPORATION

## Current Principal Place of Business:

201 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

1391 NW SAINT LUCIE WEST BLVD  
STE 191  
PORT SAINT LUCIE, FL 34986

## Current Mailing Address:

201 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986

## New Mailing Address:

1391 NW SAINT LUCIE WEST BLVD  
STE 191  
PORT SAINT LUCIE, FL 34986

FEI Number: 94-3479286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIM, LUIS M  
201 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

MARTIM, LUIS M EX DIR  
1391 SAINT LUCIE WEST BLVD  
STE 191  
PORT SAINT LUCIE, FL 34986 US

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: LUIS M. MARTIM

09/05/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C  
Name: BARNES, JOAN  
Address: 332 SW COCONUT KEY WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VC  
Name: STIEBER, MARK  
Address: 228 ROSEDALE AVENUE  
City-St-Zip: WAYNE, PA 19087

Title: D  
Name: COHEN, ALLAN S  
Address: 478 SW TALQUIN LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T  
Name: BUSHONG, GREGORY  
Address: 5299 NW SO. CRISONA CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S  
Name: LOREFICE, ANGELA  
Address: 316 SW TOMOKA SPRINGS DR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D  
Name: BARNES, DANIEL  
Address: 332 SW COCONUT KEY WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ALLAN S. COHEN

D

09/05/2010

Electronic Signature of Signing Officer or Director

Date