2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001516

Apr 17, 2006 Secretary of State

Entity Name: INTERNATIONAL DEVELOPMENT AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

1800 AUSTRALIAN AVE. SOUTH, SUITE 100 WEST PALM BEACH, FL 33049

Current Mailing Address: New Mailing Address:

1800 AUSTRALIAN AVE. SOUTH, SUITE 100 WEST PALM BEACH, FL 33049

FEI Number: 59-3353000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPEER, W. MORGAN 1800 AUSTRALIAN AVE. SOUTH, SUITE 100 WEST PALM BEACH, FL 33409

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HOWARD, DALE F KESSLER, DOUGLAS Name: Name: 8057 ARLINGTON EXPRESSWAY Address: 107 WEST MARQUITA Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: SAN CLEMENTE, CA 92672

Title: () Delete Title: (X) Change () Addition

Name: KESSLER, DOUGLAS Name: MYERS, KENNETH Address: 8057 ARLINGTON EXPRESSWAY Address: 107 WEST MARQUITA City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: SAN CLEMENTE, CA 92672

Title: DS () Delete Title: STD (X) Change () Addition

MYERS, KENNETH SHARP, DANIEL Name: Name: 8057 ARLINGTON EXPRESSWAY Address: Address: 107 WEST MARQUITA City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: SAN CLEMENTE, CA 92672

I hereby certify that the information supplied with this filing does not qualify for the 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: /S/ DOUGLAS KESSLER PD 04/17/2006