
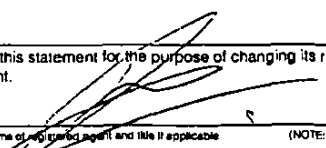
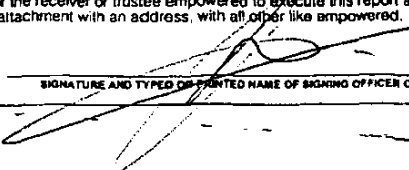


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-14-2008 90019 007 ***150.00

DOCUMENT # P00000013773		
1. Entity Name RUDI E. IDE AND ASSOCIATES, INC.		
Principal Place of Business 1500 N.W. 10TH AVE., STE. 201 BOCA RATON, FL 33486	Mailing Address 1500 N.W. 10TH AVE., STE. 201 BOCA RATON, FL 33486	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent IDE, RUDI E 1500 N.W. 10TH AVE., STE. 201 BOCA RATON, FL 33486		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:  DATE: 11/30/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MR IDE, RUDI E 1500 N.W. 10TH AVE., STE. 201 BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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 607, 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: 3/08/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

66003470



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0932790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required