2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017570

Entity Name: IDEA INTEGRATION CORP.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202				ONE INDEPENDENT DRIVE SUITE 800 JACKSONVILLE, FL 32202		
Current Mailing Address:				New Mailing Address:		
ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202				ONE INDEPENDENT DRIVE SUITE 800 JACKSONVILLE, FL 32202		
FEI Number:	59-3626439	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS	ATION SERVIC B STREET SSEE, FL 3230					
	named entity s of Florida.	ubmits this statement for the pu	arpose o	f changing it	ts registered	d office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SVPT () CROUCH, ROBE ONE INDEPEND JACKSONVILLE	ENT DRIVE		Title: Name: Address: City-St-Zip:	CROUCH, R	(X) Change () Addition OBERT P SVPT ENDENT DRIVE LLE, FL 32202
Title: Name: Address: City-St-Zip:	VPS () HOLLAND, GRE ONE INDEPEND JACKSONVILLE	ENT DRIVE		Title: Name: Address: City-St-Zip:	HOLLAND, G	(X) Change () Addition GREG D VPS ENDENT DRIVE LLE, FL 32202
Title: Name: Address: City-St-Zip:	AS () TUTOR, TYRA ONE INDEPEND JACKSONVILLE			Title: Name: Address: City-St-Zip:	TUTOR, TYR	(X) Change () Addition RA H AS ENDENT DRIVE LLE, FL 32202
Title: Name: Address: City-St-Zip:	PCEO () PAYNE, TIMOTH ONE INDEPEND JACKSONVILLE	ENT DR		Title: Name: Address: City-St-Zip:	PAYNE, TIMO ONE INDEPE	(X) Change () Addition OTHY D PCEO ENDENT DRIVE LLE, FL 32202
Title: Name: Address: City-St-Zip:	VPT () ROBINSON, GE ONE INDEPEND JACKSONVILLE	ENT DR		Title: Name: Address: City-St-Zin:	ROBINSON, ONE INDEPE	(X) Change () Addition GERALD G VPT ENDENT DRIVE, SUITE 800

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD ROBINSON VPT 04/23/2008