


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 046 ***150.00

DOCUMENT # P01000012615	
1. Entity Name IBIDAMERICA, INC.	

Principal Place of Business 760 E. MCNAB ROAD POMPANO BEACH, FL 33060	Mailing Address 760 E. MCNAB ROAD POMPANO BEACH, FL 33060
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00037604



2. Principal Place of Business 2200 SW 10TH ST Suite, Apt. #, etc.	3. Mailing Address 2200 SW 10TH ST Suite, Apt. #, etc.
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07182005 Chg-P CR2E034 (10/03)

City & State Deerfield Beach FL	City & State Deerfield Beach FL	4. FEI Number 59-3699304	Applied For Not Applicable
Zip 33442	Country USA	Zip 33442	Country USA

6. Name and Address of Current Registered Agent MARKLEY, STEVE 760 E. MCNAB ROAD POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2200 SW 10TH ST City Deerfield Beach FL Zip Code 33442	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE NONE, NONE NONE NONE, FL NONE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P SPANIAK, GARY JR 934 N. UNIVERSITY DRIVE, #202 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKLEY, STEVE 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, STEVEN K 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGERMAN, GILBERT 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLIN, ROBERT 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steve Markley Steve Markley 7/18/05 9545933650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #