


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 032 ***158.75

DOCUMENT # P01000047372	
1. Entity Name ILD, INC.	

Principal Place of Business 3340 SCHERER DRIVE SUITE 1 ST. PETERSBURG, FL 33716	Mailing Address 3340 SCHERER DRIVE SUITE 1 ST. PETERSBURG, FL 33716
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40051319



2. Principal Place of Business - No P.O. Box # 4500-140th Ave. No.	3. Mailing Address 4500-140th Ave. No.
Suite, Apt. #, etc. SUITE 109	Suite, Apt. #, etc. SUITE 109
City & State CLEARWATER, FL.	City & State CLEARWATER, FL.
Zip 33762	Country USA

02152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3748491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARSE, RICHARD L JR. 1239 S. MYRTLE AVENUE CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name WILLIAM GEHRAND Street Address (P.O. Box Number is Not Acceptable) 4500-140th Ave. No. SUITE 109 City CLEARWATER FL Zip Code 33762
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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  DATE 04.03.07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHRAND, WILLIAM A 2960 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 04.03.07 727.709.1558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR