2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000057439 INTERACTIVE DECISIONS, INC.



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

119 S.E. 35TH TERRACE CAPE CORAL, FL 33904

Mailing Address

119 S.E. 35TH TERRACE CAPE CORAL, FL 33904



01122006 DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1283073

CR2E034 (11/05) Applied For

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

SCHUTT, DARRIN R 1105 CAPE CORAL PARKWAY EAST

6. Name and Address of Current Registered Agent

SUITE C CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

No Chg-P

 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen				a cadmined when relustating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Irust Fund Contribution.	chog	\$5.00 May Be Added to Fees	Noone are see
16.	OFFICERS AND DIREC	CTORS			100000473361 04/08/06-80029-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, BEVERLY A 119 S.E. 35TH TERRACE CAPE CORAL, FL 33904				U¶, U©, U©, TOULESTUER 15U, UU
TITLE NAME STREET AOURESS CITY-ST-ZIP					
TITLE MANC STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE RAME STREET AUDRESS CITY-ST-ZIP					
tirle Name Street address City-St-ZP					
12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplied each is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director					

implicated on this report of supplemental report is true and accurate and that my signature strati have the same legal effect as if made under oath; that I am an officer of director of the corporation of the receiver of trustee ampowered 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:

3-15-06