## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000001732 1. Entity Name IDMWONI, INC. Principal Place of Business Mailing Address 2080 NW 78TH AVENUE 2080 NW 78TH AVENUE SUNRISE, FL 33322 SUNRISE, FL 33322 04302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3893489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ₩. Fee Required 6. Name and Address of Current Registered Agent ROWE, GLADSTON DO NOT WRITE 2080 NW 78TH AVENUE SUNRISE, FL 33322 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rainstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000355875 Trust Fund Contribution. Added to Fees 05/04/05-80013-007 158.75 OFFICERS AND DIRECTORS 10. CFO TITLE NAME ROWE, STACY-ANN N 2080 NW 78TH AVENUE STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP TITLE ROWE, PETAGAY M NAME STREET ADDRESS 2080 NW 78TH AVENUE SUNRISE, FL 33322 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-663-6058

**FILED**