

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002617

FILED
Jan 04, 2008
Secretary of State

Entity Name: IDEA CONSULTING GROUP INCORPORATED

Current Principal Place of Business:

2215 PINNACLE CIR NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

2215 PINNACLE CIR NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 82-0579641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSOUR, SHARON A
2215 PINNACLE CIR NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANSOUR, SHARON A
Address: 2215 PINNACLE CIR NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: ZENNER, JOHNN M
Address: 1612 DAYTON AVE
City-St-Zip: ALAMEDA, CA 94501

Title: D () Delete
Name: TOM, MARSHALL E
Address: 8409 EAGLE EYE AVENUE
City-St-Zip: LAS VEGAS, NV 89128

Title: D () Delete
Name: GRECO, PAUL M
Address: 310 SIENNA DRIVE
City-St-Zip: CHAPIN, SC 29036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON A. MANSOUR

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date