2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-12-2004 90274 002 ***150.00

DOCUMENT # P03000037727

1. Entity Name
IPDS HOLDING, INC.

66425255

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741	316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741

2. Principal Place of Business	3. Mailing Address
6000 Metro West Bldv.	6000 Metro West Bldv.
Suite, Apt. #, etc. 205 Suite	Suite, Apt. #, etc. 205 Suite
City & State orlando	City & State orlando
Zip 32835 Country Florida	Zip 32835 Country Florida

4. FEI Number 33-1050316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IDEAL OPPORTUNITIES, INC.
316 N. JOHN YOUNG PARKWAY
SUITE 14
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: Peter Van de Pol
Street Address (P.O. Box Number is Not Acceptable): 6000 Metro West Boulevard, Suite 205
City: orlando FL Zip Code: 32835

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETER VAN DER POL 316 N. JOHN YOUNG PARKWAY #14 KISSIMMEE FL 34741	☐ Delete	PD PETER van de Pol 6000 Metrowest Bldv. Suite 205 Orlando FL 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROENENDIJK, PETRUS J 316 N. JOHN YOUNG PARKWAY #14 KISSIMMEE FL 34741	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #