2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90023 042 ***150.00

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1. Entity Name
IPDS HOLDING, INC.

40003409

Principal Place of Business	Mailing Address
6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835	6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	6000 Metro West Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 205
City & State	City & State Orlando
Zip / Country	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

VAN DE POL, PETER
6000 METRO WEST BLVD - SUITE 205
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name I.P.D.S Holding
Street Address (P.O. Box Number is Not Acceptable) 6000 Metro West Blvd 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, 2005 Fee will be $550.00

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 6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 #