

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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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000037727	
1. Entity Name IPDS HOLDING, INC.	

Principal Place of Business 6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835	Mailing Address 6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835
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2. Principal Place of Business	3. Mailing Address <i>6000 Metro West Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>205</i>
City & State	City & State <i>Orlando</i>
Zip	Zip <i>32835</i>
Country	Country <i>Florida</i>

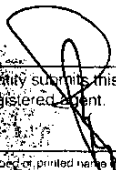
4. FEI Number 33-1050316	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN DE POL, PETER 6000 METRO WEST BLVD - SUITE 205 ORLANDO, FL 32835	
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7. Name and Address of New Registered Agent	
Name <i>I-P.D.S. Holding</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>6000 Metro West Blvd</i>	
Suite <i>Suite 205</i>	
City <i>Orlando</i>	FL <i>32835</i>

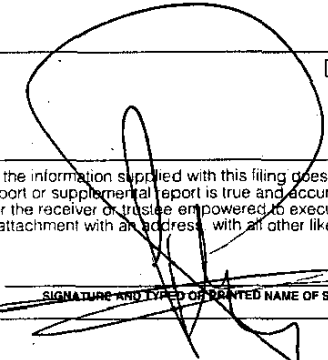
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 an other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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