

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119736

Entity Name: I. D. E. ASSOCIATES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

160 E. LAKESHORE DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

3760 GLENFORD DRIVE
CLERMONT, FL 34711

Current Mailing Address:

160 E. LAKESHORE DRIVE
CLERMONT, FL 34711

New Mailing Address:

3760 GLENFORD DRIVE
CLERMONT, FL 34711

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVRIES, JOHN
160 E. LAKESHORE DRIVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

DEVRIES, JOHN
3760 GLENFORD DRIVE
CLERMONT, FL 34711 US

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: JOHN DEVRIES

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVRIES, JOHN
Address: 160 E. LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEVRIES, JOHN
Address: 3760 GLENFORD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN DEVRIES

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date