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Secretary of State

05-02-2005 90500 024 ***100.00
06-02-2005 90002 033 ****50.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132113

1. Entity Name
INTERNATIONAL DATA CENTER INC.

50053218

Principal Place of Business	Mailing Address
1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483	1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10858 NEWBRIDGE DR.	→ SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVERVIEW, FL	City & State
Zip: 33569 Country	Zip Country

4. FEI Number: 20-0391575 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAN CHMIEL 1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483	Name: SAN CHMIEL Street Address (P.O. Box Number is Not Acceptable): 10858 NEWBRIDGE DR. City: RIVERVIEW FL Zip Code: 33569

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] SAN CHMIEL REG. AGENT 4/22/05
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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHMIEL, JAN	NAME	
STREET ADDRESS	1730 S. FEDERAL HWY #343	STREET ADDRESS	10858 NEWBRIDGE DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] SAN CHMIEL PRES. 4/22/05 813-672-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #