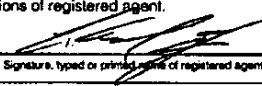


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

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

DOCUMENT # P03000132113			
1. Entity Name INTERNATIONAL DATA CENTER INC.			
Principal Place of Business 1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483		Mailing Address 1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483	
2. Principal Place of Business 10858 NEWBRIDGE DR.		3. Mailing Address → SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State RIVERVIEW, FL		City & State	
Zip 33569	Country	Zip	Country
6. Name and Address of Current Registered Agent JAN CHMIEL 1730 S. FEDERAL HWY 343 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name: JAN 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:  JAN CHMIEL REG. AGENT DATE: 4/22/05 (NOTE: Registered Agent signature required when reinstating)			
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	P CHMIEL, JAN 1730 S. FEDERAL HWY #343 DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10858 NEWBRIDGE DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.			
SIGNATURE:  JAN CHMIEL PRES.		DATE: 4/22/05 813-672-6000 Daytime Phone #	

50053218



01252005 Chg-P CR2E034 (10/03)

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

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