

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90146 038 \*\*\*150.00

<b>DOCUMENT # P04000012378</b> 1. Entity Name <b>IDEA SOLUTIONS, INC.</b>					
Principal Place of Business <b>C/O R. COOPER 4414 PENINSULA POINT SANFORD, FL 32771</b>			Mailing Address <b>C/O R. COOPER 4414 PENINSULA POINT SANFORD, FL 32771</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4402 Peninsula Point</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>SANFORD, FLORIDA</b> Zip <b>32771</b>		Country <b>USA</b>	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOPER, RICHARD 4414 PENINSULA POINT SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD COOPER, RICHARD 4414 PENINSULA POINT SANFORD, FL 32771</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Richard Cooper</u> <b>Richard Cooper</b> <u>4-27-05</u> <u>407-224-6978</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					