APPROVED AND FILED

07-11-2005 90117 027 ***158.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 04 2005

07062005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082179

1. Entity Name
I.H.D.A. INC.

Principal Place of Business	Mailing Address
~~3704 WINKLER AVE., EXT. 321~~ ~~FT. MYERS, FL 33916~~	~~3704 WINKLER AVE., EXT. 321~~ ~~FT. MYERS, FL 33916~~

2. Principal Place of Business	3. Mailing Address
5552-1 Wood-Rose CT.	5552-1 Wood-Rose CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS, FL.	City & State: FT. MYERS, FL.
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 51-0512501 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INIJE, CHARLES
16499 NE 19TH AVE., #213A
FT. MYERS, FL 33916

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: Charles Iny 7/6/05.
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHAH, IMRAN		NAME	
STREET ADDRESS	3407 WINKLER AVE., EXT. 321		STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YGBERG, LUDMILLA		NAME	
STREET ADDRESS	3407 WINKLER AVE., EXT. 321		STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33916		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: X 7/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #