2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000036788

Entity Name: INTELLIGENT DESIGN SURGICAL CONSULTING, INC.

Current Principal Place of Business:

72 OAKWOOD RD
JACKSONVILLE BEACH, FL 322502915 US

New Principal Place of Business:

1875 NORTH SHERRY DRIVE
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

72 OAKWOOD RD
JACKSONVILLE BEACH, FL 322502915 US

New Mailing Address:

1875 NORTH SHERRY DRIVE
ATLANTIC BEACH, FL 32233 US

FEI Number: 20-5247977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALLORAN, SHANE P
72 OAKWOOD RD
JACKSONVILLE BEACH, FL 322502915 US

Name and Address of New Registered Agent:

HALLORAN, SHANE P
1875 NORTH SHERRY DRIVE
ATLANTIC BEACH, FL 32233 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: SHANE PAUL HALLORAN 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: HALLORAN, SHANE P
Address: 72 OAKWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 322502915 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: HALLORAN, SHANE P
Address: 1875 NORTH SHERRY DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHANE PAUL HALLORAN D,P 05/01/2006
Electronic Signature of Signing Officer or Director Date