## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000149488

Title:

Name:

Address:

City-St-Zip:

TREA

HAQQ, RABIÀ A

7945 NW 10CT

PLANTATION, FL 33322

() Delete

Entity Name: INTERNATIONAL DEVELOPMENT CONSULTANTS INC

FILED Sep 19, 2006 Secretary of State

Littly Nai	iie. IIVILKIVA	THOMAL DEVELOPMENT CO	NOOLTANTO INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1091 NW 7 PLANTATI	78TH TER ON, FL 33322				
Current Mailing Address:			New Mailing Address:		
1091 NW 7 PLANTATI	78TH TER ON, FL 33322				
FEI Number:	43-2091004	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HAQQ, RABIA A 7945 NW 10 CT PLANTATION, FL 33322 US				HAQQ, RABIA A 1091 NW 78TH TERRACE PLANTATION, FL 33322 US	
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: RABIA A HAQQ				09/19/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Can		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name:	P () RICHARDSON,	Delete FLVIS	Title: Name:	( ) Change ( ) Addition	
Address:	1091 NW 78TH	TER	Address:		
City-St-Zip:	PLANTATION, F	FL 33322	City-St-Zip:		
Title:	DIR ()	Delete	Title:	( ) Change ( ) Addition	
Name:	FISHER, DAMIA 1484 AVON LAI		Name: Address:		
Address: City-St-Zip:	N LAUDERDAL		City-St-Zip:		
Title:	DIR ()	Delete	Title:	( ) Change ( ) Addition	
Name:	FLETCHER, DV	VAIN	Name:	- · · · · · · · · · · · · · · · · · · ·	
Address: City-St-Zip:	2153 RENAISS MIRAMAR, FL	ANCE BLVD # 306	Address: City-St-Zip:		
orry-or-zip.	MILITARIANA, I'L	00020	Oity-Ot-Zip.		

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.

Title:

Name:

Address:

City-St-Zip:

TREA

JULIANA, FREDERICK

31 DOUGLAS STREET

HOMOSASSA, FL 34446

(X) Change ( ) Addition

SIGNATURE: ELVIS RICHARDSON P 09/19/2006