# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# P05000167651

**Entity Name:** INTELLIGENT DISPLAY SOLUTIONS, INC.

**Current Principal Place of Business:**

5675 N ATLANTIC AVE
STE 115 - CORNERSTONE PLAZA
COCOA BEACH, FL 323913988

**New Principal Place of Business:**

**Current Mailing Address:**

5675 N ATLANTIC AVE
STE 115 - CORNERSTONE PLAZA
COCOA BEACH, FL 323913988

**New Mailing Address:**

**FEI Number: 20-4072337** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUDWIG, STACI K CPA/ABV
FOGAL & ASSOCIATES, LLC
1115 DELAWARE AVE
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete
Name: MEALING, GREGORY J
Address: 7 WILLOW GREEN DR
City-St-Zip: COCOA BEACH, FL 32931

Title: VP ( ) Delete
Name: MEALING, JOHN F
Address: 53B THOMAS WILKINSON WAY
City-St-Zip: DURAL,NSW,AUSTRALIA, FL 2158 XX

Title: VP ( ) Delete
Name: MEALING, DIANNE L
Address: 53B THOMAS WILKINSON WAY
City-St-Zip: DURAL,NSW,AUSTRALIA, FL 2158 XX

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-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.

SIGNATURE: GREGORY JOHN MEALING MR 04/26/2006

Electronic Signature of Signing Officer or Director — Date