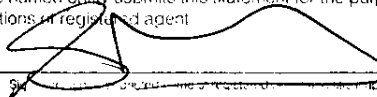
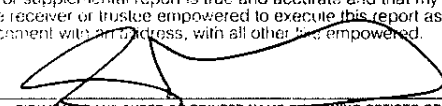


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90191 037 ***150.00

DOCUMENT # P05000167651 1. Entity Name INTELLIGENT DISPLAY SOLUTIONS, INC.					
Principal Place of Business 5675 N ATLANTIC AVE STE 115 - CORNERSTONE PLAZA COCOA BEACH, FL 32391-3988				Mailing Address 1493 S. ATLANTIC AVE UNIT #51 COCOA BEACH, FL 32391-4008	
2. Principal Place of Business - No P.O. Box # As above		3. Mailing Address 1493 S. ATLANTIC AVE UNIT #51		40068264 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. UNIT #51		03052007 Chg-P CR2E034 (12/06)	
City & State 		City & State COCOA BEACH FL		4. FEI Number 20-4072337	
Zip 		Zip 32931		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LUDWIG, STACI K CPA/ABV FOGAL & ASSOCIATES, LLC 1115 DELAWARE AVE FT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2112 S US Hwy 1, Ste 201 City Ft Pierce FL 34950		
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  DATE 3-19-2007					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MEALING, GREGORY J 7 WILLOW GREEN DR COCOA BEACH, FL 32931	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEALING, JOHN F 53B THOMAS WILKINSON WAY DURAL, NSW, AUSTRALIA, FL 2158	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEALING, DIANNE L 53B THOMAS WILKINSON WAY DURAL, NSW, AUSTRALIA, FL 2158	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.					
SIGNATURE: 			3-19-2007 321 514 0224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		