# 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.

40068264

| Principal Place of Business | Mailing Address |
|---|---|
| 5675 N ATLANTIC AVE<br>STE 115 - CORNERSTONE PLAZA<br>COCOA BEACH, FL 32391-3988 | ~~5675 N ATLANTIC AVE~~ 1493 S. ATLANTIC UNIT #51<br>~~STE 115 - CORNERSTONE PLAZA~~<br>COCOA BEACH, FL 32391-~~3988~~ |

03052007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| As above | 1493 S. ATLANTIC AV |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>UNIT #51 |
| City & State | City & State<br>COCOA BEACH FL |
| Zip / Country | Zip / Country<br>32931 / USA |

4. FEI Number
20-4072337
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LUDWIG, STACI K CPA/ABV<br>FOGAL & ASSOCIATES, LLC<br>1115 DELAWARE AVE<br>FT PIERCE, FL 34950 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2112 S US Hwy 1, Ste 201<br>City Ft Pierce FL Zip Code 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 _____ 3-19-2007
(NOTE: Registered Agent signature required when reinstating) DATE

**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<br>MEALING, GREGORY J<br>7 WILLOW GREEN DR<br>COCOA BEACH, FL 32931 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MEALING, JOHN F<br>53B THOMAS WILKINSON WAY<br>DURAL,NSW,AUSTRALIA, FL 2158 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MEALING, DIANNE L<br>53B THOMAS WILKINSON WAY<br>DURAL,NSW,AUSTRALIA, FL 2158 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 like empowered.

**SIGNATURE:** _____ 3-19-2007 321 514 0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #