FILED
May 27, 2008 8:00 am
Secretary of State
05-27-2008 90035 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167651

1. Entity Name
INTELLIGENT DISPLAY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5675 N ATLANTIC AVE STE 115 - CORNERSTONE PLAZA COCOA BEACH, FL 32391-3988	1443 S ATLANTIC AVE UNIT #51 COCOA BEACH, FL 32391-3988

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2825 BUSINESS CENTER BLVD
Suite, Apt. #, etc. A-7	Suite, Apt. #, etc.
City & State MELBOURNE	City & State FL
Zip 32940 Country USA	Zip Country

04282008 Chg-P CR2E034 (12/06)

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 2112 S US HWY 1 STE 201 FT PIERCE, FL 34950	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	☒ Change ☐ Addition 64 COUNTRY CLUB ROAD COCOA BEACH, FL, 32931
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
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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: GREGORY J MEALING 4/30/08 321 514-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #