

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068223

Entity Name: IDIGANSWERS RESEARCH ASSOCIATES INC.

FILED  
May 25, 2008  
Secretary of State

**Current Principal Place of Business:**

4593 ARROW WIND LANE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**  
4593 ARROW WIND LANE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 68-0630137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BURR, KAREN KOSTER ESQ.  
1208 CAMPBELL CIRCLE  
JACKSONVILLE, FL 32207 US

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

BURR, KAREN KOSTER ESQ.  
76 S. LAURA STREET  
SUITE 2110  
JACKSONVILLE, FL 32202 US

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: KAREN KOSTER BURR

05/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ADAMS, RUDY J  
Address: 4593 ARROW WIND LANE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP ( ) Delete  
Name: ADAMS, SHEILA A  
Address: 4593 ARROW WIND LANE  
City-St-Zip: JACKSONVILLE, FL 32258

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

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 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: RUDY J. ADAMS

P

05/25/2008

Electronic Signature of Signing Officer or Director

Date