2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087135

City-St-Zip:

FORT MYERS, FL 33913

Entity Name: INNOVATIVE DESIGN SOLUTIONS, OF SW FL INC.

FILED Apr 12, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
SUITE 11	PORT LOOF & 12 ERS, FL 339						
Current Mailing Address:				New Mailing Address:			
SUITE 11	PORT LOOF & 12 ERS, FL 339						
FEI Number:	: 84-1713017	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SWAN, LAWRENCE 1749 NE 10TH AVENUE UNIT 4 CAPE CORAL, FL 33909 US				FERRIS, IVAN R TD 13891 JETPORT LOOP SUITE 11 & 12 FORT MYERS, FL 33913 US			
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE: IVAN FERRIS				04/12/2007			
	Electro	onic Signature of Registered A	gent			Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	FERRIS, ROI 7804 STRATI NAPLES, FL	FORD DRIVE 34104		Title: Name: Address: City-St-Zip:	,) Change ()Addition	
Title: Name: Address: City-St-Zip:	YEATER, TEI	RLIN ROAD #3		Title: Name: Address: City-St-Zip:	YEATER, TED) Change()Addition MEADOWS DRIVE FL 33907	
Title: Name: Address: City-St-Zip:	SD (HAWRYLIAK, 5727 WINKLI FORT MYER:	ER ROAD		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name:	FERRIS, IVAI) Delete V		Title: Name:	TD (X) FERRIS, IVAN) Change () Addition	

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.

City-St-Zip:

FORT MYERS, FL 33913

SIGNATURE: IVAN FERRIS TD 04/12/2007