

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000138006

Entity Name: THE IDEA SHOP, INC.

**FILED**  
**Aug 17, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE 1172  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141659  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-5813648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HIDALGO, EILLEN  
24 CALABRIA AVENUE #1  
CORAL GABLES, FL 33134 US

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

HIDALGO, EILLEN  
101 SIDONIA AVE #604  
CORAL GABLES, FL 33134 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: EILLEN HIDALGO

08/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HIDALGO, EILLEN  
Address: P.O. BOX 141659  
City-St-Zip: CORAL GABLES, FL 33114

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

Title: DIR (X) Change ( ) Addition  
Name: HIDALGO, EILLEN  
Address: P.O. BOX 141659  
City-St-Zip: CORAL GABLES, FL 33114

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: EILLEN HIDALGO

DIR

08/17/2007

Electronic Signature of Signing Officer or Director

Date