

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000069681

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIONS DESIGN GROUP, INC.

**Current Principal Place of Business:**

860 NORTH ORANGE AVE  
353  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 540292  
ORLANDO, FL 328010

**New Mailing Address:**

**FEI Number:** 80-0749806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCFADDEN, MATTHEW E  
860 NORTH ORANGE AVE  
353  
ORLANDO, FL 32801 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DYKSTRA, PETER J  
**Address:** 14004 MYRTLEWOOD DR.  
**City-St-Zip:** ORLANDO, FL 32832

**Title:** D  
**Name:** MCFADDEN, MATTHEW E  
**Address:** 860 NORTH ORANGE AVE #353  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** HOOD, VALLA M  
**Address:** 1416 LAKE ARIANA BLVD  
**City-St-Zip:** AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

**SIGNATURE:** MATTHEW E MCFADDEN

D

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date