


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90077 009 \*\*\*150.00

<b>DOCUMENT # P93000032748</b> 1. Entity Name <b>4CORNERS INNOVATIVE DESIGN &amp; DEVELOPMENT GROUP, INC.</b>					
Principal Place of Business <b>P.O. BOX 621618</b> <b>OVIEDO, FL 32762 US</b>			Mailing Address <b>P.O. BOX 621618</b> <b>OVIEDO, FL 32762 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WRIGHT, REBECCA.CTD 1671 ASHLAND TR. OVIEDO, FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City	
				City <b>FL</b> 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: <u>Rebecca Olsen</u> DATE: <u>3/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD WRIGHT, REBECCA 1671 ASHLAND TRAIL OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Olsen, Rebecca 1671 Ashland Trail Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DONOVAN, CHARLES 1535 GREEN ACRES PT. OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Rebecca Olsen</u>			Date: <u>3/30/05</u> Daytime Phone #		