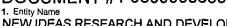
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000086356 NEW IDEAS RESEARCH AND DEVELOPMENT, INC.

FILED Apr 16, 2007 08:00 Al Secretary of State



Principal Place of Business

6310 BAYSIDE DR

NEW PORT RICHEY, FL 34652

Mailing Address

6310 BAYSIDE DR

NEW PORT RICHEY, FL 34652 US



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3225795

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MASON ASSOCIATES, P.A. 17757 US HIGHWAY 19 NORTH MANGROVE BAY SUITE 500 CLEARWATER, FL 34624

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name or registered again and nile in	applicable. (NOTE: Hagistered :	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLZER, AL 6310 BAYSIDE DR NEW PORT RICHEY, FL				U000007095S0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLZER, DWAYNE 902 HILLSIDE DR LUTZ, FL 33549	:	ı		04/25/07-80007-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				r.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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					

POLZER

URE AND APED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR