

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086356

FILED
Apr 10, 2009
Secretary of State

Entity Name: NEW IDEAS RESEARCH AND DEVELOPMENT, INC.

Current Principal Place of Business:

6310 BAYSIDE DR
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

6310 BAYSIDE DR
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3225795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POLZER, AL PD
6310 BAYSIDE DR
NEW PORT RICHEY, FL 34652 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: AL POLZER

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLZER, AL
Address: 6310 BAYSIDE DR
City-St-Zip: NEW PORT RICHEY, FL

Title: VP () Delete
Name: POLZER, DWAYNE
Address: 902 HILLSIDE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AL POLZER

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date