## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000011698

FILED Jan 12, 2004 Secretary of State

**Entity Name:** INNOVATIVE DESIGN SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 410 NORTH WICKHAM ROAD SUITE 201 MELBOURNE, FL 32935 **New Mailing Address: Current Mailing Address:** 410 NORTH WICKHAM ROAD SUITE 201 MELBOURNE, FL 32935 FEI Number: 59-3230770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAIRD, DONALD W 410 N WICKHAM RD SUITE 201 MELBOURNE, FL 32935 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete BRANTLEY, STEVEN Name: 645 S HEDGECOCK SQUARE Address: City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete Name: LAIRD, DONALD W 335-60 PARADISE BLVD Address: INDIALANTIC, FL 32903 City-St-Zip:

Title: ( ) Delete

Name: Address: City-St-Zip: Title: (X) Change ( ) Addition BRANTLEY, STEVEN Name: 645 S HEDGECOCK SQUARE Address: City-St-Zip: SATELLITE BEACH, FL 32937

Title: (X) Change ( ) Addition TREA

LAIRD, DONALD W Name: 335-60 PARADISE BLVD Address: INDIALANTIC, FL 32903 City-St-Zip:

Title: ( ) Change (X) Addition **PRFS** 

JEFFERY, ANDERSON Name: 2355 HALL ROAD Address: City-St-Zip: MALABAR, FL 32950

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFERY ANDERSON **PRES** 01/12/2004