## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

				_		ecretar	y oi Stat
DOCUMENT # P9400067977  1. Entity Name IDEAS - SPECIAL NEEDS CONSULTS, INC.					~		y
118 NORTH	ce of Business MOURICAD RY, FL 32707	Mailing Address 118 NORTH-MODRACAD CASSELBETTY, FL			<b>3</b> 114 <b>8</b> 8077 <b>88</b> 014 <b>88</b> 017 <b>88</b> 0	LL DOUGHAN DOUGLE ENEMY DINGINE	
e - algani akidabi	Secure Carles Security Control Control						
DO NOT WRITE IN THIS SPACE			r <b>E</b>	01102006	No Chg-P	CR2E034 (1	·
				4. FEI Number 59-3276		}	Applied For Not Applicable
					f Status Desired		5 Additional agained
	6. Name and Address of Current R	egistered Agent			The state of the s	Contraction in the	
OSBORN, SANDRA 118 NORTHMOOR ROAD CASSELBERRY, FL				<ul><li>(1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2</li></ul>	W TON	RITE	
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8. The above	e named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familia:	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	ditio E applicable. (NOTE Registers	d Agent signature required	when reinstaling)	<del></del>	DATE	<del></del>
After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550,00	<u>_t</u>		00 May Be ad to Fees			
TITLE	OFFICERS AND D	RECTORS		บาล หมายเกียวสม	and the surface of	ina a pasterii Vasteitiinisesi	AND THE STREET,
NAME STIRES ARMESS CITY-SI-ZIP	OSBORN, SANDRA 118 NORTHMOOR ROAD CASSELBERRY, FL			The first section of the constitution of the c		Q0386035	017 ISD.OC
TITLE	VPST OSBORN PETER D		Section of the control of the contro			P-811038-	J1/ 150.00
STREET ADDRESS CITY-ST-ZIP	118 NORTHMOOR ROAD CASSELBERRY, FL						100
TITLE STREET ADDRESS CRY-ST-ZIP	D OSBORN, PETER D 118 NORTHMOOR ROAD CASSELBERRY, FL		- William Programmer - William Programmer	· · · · · · · · · · · · · · · · · · ·	NOT W	<b>はたないことないによって、としい</b>	
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NAME STREET ADDRESS			1	Halifard A. B.			
CITY-ST-ZIP			The second secon	A Adequal de Marie Controller de Marie			
NAME Street address				er grande (g. 1915) Talenda (g. 1916) Talenda (g. 1916) Talenda (g. 1916) Talenda (g. 1916)			
CITY-ST-ZIP			n ngiyê (minge) n n joyê (minge)	normalisada harida Sal-Amelika jargan		CONTRACTOR	
NAME STREET ADDRESS				langsalasakan landaga Landa dan Jarah Kalanda Landa dan Landa Landa			
CITY-ST-719			Santa Contraction				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 ampowered.

SIGNATURE:

MANATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

au. 10, 2006 407-332-7770