2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067977

Entity Name: IDEAS - SPECIAL NEEDS CONSULTS, INC.

FILED Jan 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

118 NORTHMOOR ROAD CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

118 NORTHMOOR ROAD CASSELBERRY, FL

FEI Number: 59-3276147 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:

OSBORN, SANDRA

118 NORTHMOOR ROAD
CASSELBERRY, FL US

OSBORN, SANDRA
118 NORTHMOOR ROAD
CASSELBERRY, FL 32707 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: 01/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: OSBORN, SANDRA Name: OSBORN, SANDRA Address: 118 NORTHMOOR ROAD 118 NORTHMOOR ROAD

118 NORTHMOOR ROAD

CASSELBERRY, FL

Address: 118 NORTHMOOR ROAD

City-St-Zip: CASSELBERRY, FL 32707

Title: VPST () Delete Title: VPST (X) Change () Addition Name: OSBORN, PETER D Name: OSBORN, PETER D

Name:OSBORN, PETER DName:OSBORN, PETER DAddress:118 NORTHMOOR ROADAddress:118 NORTHMOOR ROADCity-St-Zip:CASSELBERRY, FLCity-St-Zip:CASSELBERRY, FL 32707

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name:OSBORN, PETER DName:OSBORN, PETER DAddress:118 NORTHMOOR ROADAddress:118 NORTHMOOR ROADCity-St-Zip:CASSELBERRY, FLCity-St-Zip:CASSELBERRY, FL32707

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: SANDRA R. OSBORN PD 01/10/2009