2005 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

SIGNATURÉ

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P95000028583 1. Entity Name IVDS WASHINGTON, D.C., INC. Mailing Address Principal Place of Business 7209 INTERNATIONAL DRIVE ORLANDO FL 32819 7209 INTERNATIONAL DRIVE ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3313471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENTER, MIKEL Street Address (P.O. Box Number is Not Acceptable) 218 ANNE ST ORLANDO FL 32806 Zip Code City FL 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 hame of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition D THE TOLE ☐ Delete DOWDY, RONALD E. NAME NAME STREET ADDRESS 7209 INTERNATIONAL DRIVE STREET ADDRESS CITY ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete U00000352990 NAME NAME 05/03/05-80049-017 150.00 STREET ADDRESS STREET ADDRESS CITY ST ZIP CrEY - S1 - ZIP ☐ Change ☐ Addition THLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Change Addition ☐ Delete 7171.8 TITLE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-St-7IP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like suppowered.

FILED