2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000077484

INFINITE IDEAS & DESIGNS, INC.



Principal Place of Business 41064914 Mailing Address C/O DAVID L. SCHICK 1015 EAST SEMORAN BLVD P.O. BOX 3068 **SUITE 253** CASSELBERRY, FL 32707 ORLANDO, FL 32802 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3337589 Not Applicable Zip Country 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 SCHICK, DAVID L ESQ Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET **SUITE 1400** ORLANDO, FL 32801 City Zip Code 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 onligations of registered agent. S'GNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 38. 11. PD TIÑE ☐ Defete TITLE ☐ Change ☐ Addition POLLEY, JOANN H MALIF NAME STATET ADDRESS 415 WARRENTON ROAD STREET ADDRESS CITY - ST - ZIP WINTER PARK, FL CITY-ST-ZIP HIE Delete TITLE Change ☐ Addition NAME WILHITE, CONNIE NAME STREET ADDRESS 144 ROANN DRIVE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL CITY-ST-7iP VPD TITLE ☐ Delete Change TITLE ■ Addition NAME ROBERTS, KATHRYN S NAME 2025 HUNTINGTON. STORET ADORES STREET ADDRES CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition

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 empowered.

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FILED

Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90246 030 ***150.00