
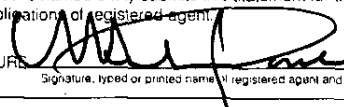
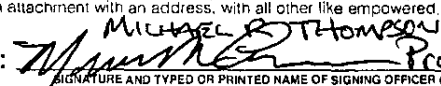


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000101948 1. Entity Name I.D. GEAR, INC.						05 DEC 12 PM 2:00 SLU TALLAHASSEE, FLORIDA	
Principal Place of Business 3728 VINELAND RD ORLANDO, FL 32811				Mailing Address 8036 HORSE FERRY RD ORLANDO, FL 32835 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DONAHOO, MICHAEL 8036 HORSE FERRY RD ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligation of registered agent. SIGNATURE:  DATE: 10/17/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DONAHOO, MICHAEL 8036 HORSE FERRY ROAD ORLANDO, FL 32835 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	200060897162 10/24/05--01056--011 <input type="checkbox"/> Change <input type="checkbox"/> Addition **750.00		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DONOHOO, MARK 3145 BUSH DRIVE FRANKLIN, TN 37064 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HADLEY, GARY W 6 VIC TUNAS SAN CLEMENTE, CA 92672 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD HOWARD, NIAL 71-73 HEATHER RD IRELAND, dublin 18 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD HOWARD, NIAL 10A BUSINESS PARK, SOUTHERN CROSS ROAD, BRAY, CO. WICKLOW, IRELAND <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD THOMPSON, MICHAEL 5655 LINDERO CANYON RD THOUSAND OAKS, CA 91362 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD THOMPSON, MICHAEL 800 AVENIDA ACASO, UNIT C CAMARILLO, CA 93012 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD DERMDT, CAFFREY 71-73 HEATHER RD IRELAND, dublin 18 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD CAFFREY, DERMOT 10A BUSINESS PARK, SOUTHERN CROSS ROAD, BRAY, CO. WICKLOW, IRELAND <input type="checkbox"/> Change <input type="checkbox"/> 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.							
SIGNATURE:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/14/05 805907 0522 <small>Date Daytime Phone #</small>			