

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013260

FILED
Apr 30, 2008
Secretary of State

Entity Name: INTERACTIVE DINING SOLUTIONS, INC.

Current Principal Place of Business:

14501 ROSEWOOD ROAD
MIAMI LAKES, FL 330142655 US

New Principal Place of Business:

Current Mailing Address:

14501 ROSEWOOD ROAD
MIAMI LAKES, FL 330142655 US

New Mailing Address:

FEI Number: 65-0733539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LING, SAM VP
14501 ROSEWOOD ROAD
MIAMI LAKES, FL 330142655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LING, PAUL
Address: 524 ADAMS GATE RD
City-St-Zip: WINSTON-SALEM, NC 27107 US

Title: VP () Delete
Name: LING, SAM
Address: 14501 ROSEWOOD RD
City-St-Zip: MIAMI LKS, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LING, SAM
Address: 14501 ROSEWOOD RD
City-St-Zip: MIAMI LAKES, FL 33014 US

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: SAM LING

VP

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date