2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001229

Entity Name: IDEAL INNOVATIONS INCORPORATED

FILED Apr 14, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4601 N FAIRFAX DR SUITE 1201 950 N GLEBE RD STE 800 ARLINGTON, VA 22203 ARLINGTON, VA 22203

Current Mailing Address: New Mailing Address:

4601 N FAIRFAX DR SUITE 1201 950 N GLEBE RD STE 800 ARLINGTON, VA 22203 ARLINGTON, VA 22203

FEI Number: 38-3391089 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:

PHILLIPS, ASHLEE 6400 PELICAN DR S ST PETERSBURG, FL 33707 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 C
 () Delete
 Title:
 CFO
 (X) Change () Addition

 Name:
 MORAN, JAMES
 Name:
 SYRETZ, RICHARD

 Address:
 4601 N FAIRFAX DR SUITE 1201
 Address:
 950 N GLEBE RD STE 800

City-St-Zip: ARLINGTON, VA 22203 City-St-Zip: ARLINGTON, VA 22203

Title: P (X) Delete Title: () Change () Addition
Name: SYRETZ RICHARD Name:

 Name:
 SYRETZ, RICHARD
 Name:

 Address:
 4601 N FAIRFAX DR SUITE 1201
 Address:

 City-St-Zip:
 ARLINGTON, VA 22203
 City-St-Zip:

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: OFFICER-RICHARD SYRETZ CFO 04/14/2009