2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000063838

Entity Name: IDEAL MORTGAGE SOLUTIONS CORPORATION

FILED Jun 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

491 NORTH SR 434 SUITE #131

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

491 NORTH SR 434 SUITE #131

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3589047 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:

GONZALEZ, GEORGE L PRES. 2106 BLUFF OAK STREET APOPKA, FL 327123955 US PRICE-GONZALEZ, CAROLYN V PRES. 2106 BLUFF OAK STREET APOPKA, FL 327123955 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: CAROLYN V. PRICE-GONZALEZ 06/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PMC
 () Delete

 Name:
 GONZALEZ, GEORGE L

 Address:
 2106 BLUFF OAK STREET

 City-St-Zip:
 APOPKA, FL 327123955 US

 Title:
 DVST
 () Delete

 Name:
 GONZALEZ, CAROLYN V

 Address:
 2106 BLUFF OAK STREET

 City-St-Zip:
 APOPKA, FL 327123955

Title: DV () Delete
Name: NARVAEZ, STEVEN

Address: 760 MAGNOLIA CREEK CIRCLE City-St-Zip: ORLANDO, FL 32828 US

 Title:
 PMC
 (X) Change () Addition

 Name:
 PRICE-GONZALEZ, CAROLYN V

 Address:
 2106 BLUFF OAK STREET

 City-St-Zip:
 APOPKA, FL 327123955 US

Title: DV (X) Change () Addition

Name: NARVAEZ, STEVEN

Address: 760 MAGNOLIA CREEK CIRCLE City-St-Zip: ORLANDO, FL 32828 US

Title: ST (X) Change () Addition

Name: RICHARDS, LAUREN C Address: 1328 YVONNE STREET City-St-Zip: APOPKA, FL 327123955 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN V. PRICE-GONZALEZ PMC 06/26/2006