## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000063838

1328 YVONNE STREET

APOPKA, FL 327123955 US

Address: City-St-Zip:

Entity Name: IDEAL MORTGAGE SOLUTIONS CORPORATION

FILED May 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 491 NORTH SR 434 **SUITE #131** ALTAMONTE SPRINGS, FL 32714 US **New Mailing Address: Current 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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PMC ( ) Delete () Change () Addition PRICE-GONZALEZ, CAROLYN V Name: Name: 2106 BLUFF OAK STREET Address: Address: City-St-Zip: APOPKA, FL 327123955 US City-St-Zip: Title: DV Title: () Delete (X) Change ( ) Addition Name: NARVAEZ, STEVEN Name: RICHARDS, LAUREN C 760 MAGNOLIA CREEK CIRCLE 1328 YVONNE STREET Address: Address: APOPKA, FL 32712 ORLANDO, FL 32828 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition RICHARDS, LAUREN C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN V. PRICE-GONZALEZ PMC 05/01/2007