

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055474

FILED
Jan 04, 2008
Secretary of State

Entity Name: IDEAL LENDING SOLUTIONS, INC.

Current Principal Place of Business:

5589 OCEECHOEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

Current Mailing Address:

5589 OCEECHOEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

New Principal Place of Business:

5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

New Mailing Address:

5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

FEI Number: 20-8993420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUEZ, WILSON D
8749 TALLY HO LANE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

ENRIQUEZ, WILSON D
5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417 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:

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ENRIQUEZ, WILSON D
Address: 8749 TALLY HO LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: WILSON D. ENRIQUEZ

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date