

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000063838

FILED
Jun 11, 2009
Secretary of State**Entity Name:** IDEAL MORTGAGE SOLUTIONS CORPORATION**Current Principal Place of Business:**2106 BLUFF OAK STREET
APOPKA, FL 327123955 US**New Principal Place of Business:****Current Mailing Address:**2106 BLUFF OAK STREET
APOPKA, FL 327123955 US**New Mailing Address:****FEI Number:** 59-3589047**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PRICE, CAROLYN G PRES.
2106 BLUFF OAK STREET
APOPKA, FL 327123955 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

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: PRICE, CAROLYN G
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955 US

Title: VDS (X) Delete
Name: RICHARDS, LAUREN C
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955 US

Title: VDT (X) Delete
Name: RICHARDS II, MICHAEL L
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955 US

Title: VM () Delete
Name: RICHARDS, TAMMIE G
Address: 1328 YVONNE STREET
City-St-Zip: APOPKA, FL 32712 US

Title: VD (X) Delete
Name: FERNANDEZ, CARIDAD
Address: 404 MAJORCA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VD (X) Delete
Name: ARNOULD, SEAN M
Address: 8321 CROSSWICKS DRIVE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change () Addition
Name: PRICE, CAROLYN G
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955 US

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

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

Title: VDST (X) Change () Addition
Name: RICHARDS, TAMMIE G
Address: 1328 YVONNE STREET
City-St-Zip: APOPKA, FL 32712 US

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

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: CAROLYN GINGER PRICE

PMD

06/11/2009

Electronic Signature of Signing Officer or Director

Date