2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 198776

Entity Name: THE IDLEWYLD CORPORATION, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3035 CAR	DINAL DR				
STE. 202		20 110			
VERO BEA	ACH, FL 3296	33 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3055 CAR	DINAL DRIVE				
SUITE 202		20 110			
VERO BEA	ACH, FL 3296	33 US			
FEI Number:	59-1961234	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
756 BEAC	BROWN & C. HLAND BOUL ACH, FL 3296	_EVARD			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	SD () Delete	Title:	() Change () Addition	
Name:	OUGHTRED, F	RICHARD	Name:		
Address:		ST. W., STE. 245	Address:		
City-St-Zip:	MISSISSAUGA	A, ONTARIO, CA 15K 1P9	City-St-Zip:		
Title:	PD () Delete	Title:	() Change () Addition	
Name:	OUGHTRED, V		Name:		
Address:	1900 DUNDAS	ST. W, #245	Address:		
City-St-Zip:	MISSISSAUGA	A, ON , CANADA, L5K 1P9	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	OUGHTRED, F		Name:	· / · · · · · · · · · · · · · · · · · ·	
Address:	662 AZALEA L		Address:		
City-St-Zip:	VERO BCH, F		City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD OUGHTRED SD 01/08/2009

OUGHTRED, LINDY

1900 DUNDAS ST. W. STE. 245

MISSISSAUGA, ONTARIO, CA LPK 1P9

Name:

Address:

City-St-Zip: