

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002854

FILED
Aug 17, 2005
Secretary of State

Entity Name: IDEAL MORTGAGE BANKERS, LTD. INC.

Current Principal Place of Business:

ONE OLD COUNTRY ROAD
SUITE 300
CARLE PLACE, NY 11514

New Principal Place of Business:

201 OLD COUNTRY ROAD
MELVILLE, NY 11747

Current Mailing Address:

201 OLD COUNTRY ROAD
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 11-2683197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP (X) Delete
Name: MCFADZEN, KEVIN
Address: 44 OXFORD ROAD
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: DCEO () Delete
Name: PRIMEAU, MICHAEL
Address: 11 ELM STREET
City-St-Zip: LYNBROOK, NY 11563

Title: SV () Delete
Name: DECILLIS, HELENE
Address: 15 RENOWN STREET
City-St-Zip: LAKE GROVE, NY 11755

Title: CFO (X) Delete
Name: MAYETTE, TIMOTHY
Address: 15 GINGERBREAD ROAD
City-St-Zip: KINGS PARK, NY 11754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: PRIMEAU, MICHAEL
Address: 11 ELM STREET
City-St-Zip: LYNBROOK, NY 11563

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 for the exemption stated in Section 119.07(3)(i), 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: HELENE DECILLIS

SV

08/17/2005

Electronic Signature of Signing Officer or Director

Date