


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L81013
 1. Entity Name
IDEAL MANAGEMENT COMPANY



Principal Place of Business Mailing Address
5901 S.W. 74TH ST. **5901 S.W. 74TH ST.**
SUITE 407 **SUITE 407**
MIAMI, FL 33143-5164 US **MIAMI, FL 33143-5164 US**

DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0204412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, GARY A
5901 S.W. 74TH ST.
SUITE 407
MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD0000501245
 04/25/06-80055-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BROWN, GARY A 5901 S.W. 74TH ST., STE. 407 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BROWN, HAROLD 7300 PONCE DELEON RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYNN, PATRICIA J 5901 S.W. 74TH ST., STE. 407 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/10/06 305462899**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #