

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90005 001 \*\*\*\*65.00  
08-01-2006 90005 002 \*\*\*\*\*5.00

66022478



<b>DOCUMENT # N05000010649</b> 1. Entity Name <b>IDEAL PLACE, INC.</b>					
Principal Place of Business <b>420 CAROLINA AVENUE FT. LAUDERDALE, FL 33312-1902</b>				Mailing Address <b>420 CAROLINA AVENUE FT. LAUDERDALE, FL 33312-1902</b>	
2. Principal Place of Business <i>420 Carolina Ave</i>		3. Mailing Address <i>420 Carol. Ave</i>		05162006    Chg-NP    CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Ft Lauderdale FL</i>		City & State <i>Ft Lauderdale FL</i>			
Zip <i>33312</i>		Country <i>USA</i>		4. FEI Number <i>20-366-2757</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROBINSON, CAROLYN 420 CAROLINA AVENUE FT. LAUDERDALE, FL 33312-1902</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RPBINSON, CAROLYN	NAME			
STREET ADDRESS	420 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	MARCUS, HARRY	NAME			
STREET ADDRESS	420 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CARTY, CHRISTOPHER	NAME			
STREET ADDRESS	420 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	WATKINS, CINDY	NAME			
STREET ADDRESS	420 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LLOYD, REVERAND	NAME			
STREET ADDRESS	420 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 617, 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.					
<b>SIGNATURE:</b> <i>Carolyn Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>6-30-06 (754) 246-1155</i> <small>Date Daytime Phone #</small>	