

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010649

FILED
Apr 15, 2007
Secretary of State

Entity Name: IDEAL PLACE, INC.

Current Principal Place of Business:

420 CAROLINA AVE
FT. LAUDERDALE, FL 333121902

New Principal Place of Business:

Current Mailing Address:

420 CAROLINA AVE
FT. LAUDERDALE, FL 333121902

New Mailing Address:

FEI Number: 20-3662757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, CAROLYN
420 CAROLINA AVENUE
FT. LAUDERDALE, FL 333121902 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: D () Delete
Name: RPBINSON, CAROLYN
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: MARCUS, HARRY
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: CARTY, CHRISTOPHER
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: WATKINS, CINDY
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: LLOYD, REVERAND
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, CAROLYN
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

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

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

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

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

Title: D () Change (X) Addition
Name: MCCARTY, CYNTHIA J
Address: 420 CAROLINA AVE
City-St-Zip: FORT LAUDERDALE, FL 333121902

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN ROBINSON

D

04/15/2007

Electronic Signature of Signing Officer or Director

Date