


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P02000117000	
<b>1. Entity Name</b> IDEAL FLUIDS, INC.	

<b>Principal Place of Business</b> 11129 LAKELAND CIRCLE FORT MYERS FL 33913 US	<b>Mailing Address</b> 11129 LAKELAND CIRCLE FORT MYERS FL 33913 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 14-1871069	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

1st MOORE CR2E034 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  TARANCON, GREGORIO III 11129 LAKELAND CIRCLE FORT MYERS FL 33913
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> TARANCON, GREGORIO III 11129 LAKELAND CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> TARANCON, JULIAN 118 RIVERA ST LEHIGH ACRES FL 33972 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>000000639038</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/28/07-80012-016 150.00
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *GREGORIO TARANCON* **GREGORIO Tarancon President 2/16/07**