2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# P03000053794

Entity Name: SOMETHING IDEAL, INC.

Current Principal Place of Business:

100 BAYVIEW DR., STE 2028
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

100 BAYVIEW DR., STE 2028
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 51-0468868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE, 2ND FL
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KUSCHNIR, ARI
Address: 19333 COLLINS AVE, APT 410
City-St-Zip: SUNNY ISLES, FL 33160

Title: DVP ( ) Delete
Name: THRIFT, SCOTT
Address: 455 HUDSON ST.
City-St-Zip: NEW YORK, NY 10018

Title: DS (X) Delete
Name: KUSCHNIR, DAVID
Address: 100 BAYVIEW DR., STE 2028
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: THRIFT, SCOTT
Address: 27 WEST 24TH ST. SUITE 501
City-St-Zip: NEW YORK, NY 10010

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: ARI KUSCHNIR DPS 07/11/2005

Electronic Signature of Signing Officer or Director Date