2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053794

Entity Name: SOMETHING IDEAL, INC.

FILED Apr 29, 2006 Secretary of State

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 KUSCHNIR, ARI
 Name:
 KUSCHNIR, ARI

 Address:
 19333 COLLINS AVE, APT 410
 Address:
 56 SPRING ST #2

 City-St-Zip:
 SUNNY ISLES, FL 33160
 City-St-Zip:
 NEW YORK, NY 10012

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 THRIFT, SCOTT
 Name:
 THRIFT, SCOTT

 Address:
 27 WEST 24TH ST. SUITE 501
 Address:
 56 SPRING ST #2

 City-St-Zip:
 NEW YORK, NY 10010
 City-St-Zip:
 NEW YORK, NY 10012

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARI KUSCHNIR DP 04/29/2006