2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P03000155413** 05-02-2006 90428 043 ***150.00 IDEAL APPRAISALS INC. Mailing Address Principal Place of Business **400000234** 11440 N. KENDALL DR 11440 N. KENDALL DR NO. 108 NO. 108 MIAMI, FL 33176 US MIAMI, FL 33176 US 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0514849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IBARRA, GEORGE DO NOT WRITE 11440 N. KENDALL DR. #108 MIAMI, FL 33176 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TIT! F IBARRA, GEORGE NAME STREET ADDRESS 11440 N. KENDALL DR #108 MIAMI, FL 33176 CITY-ST-ZIP TITLE VP DIAZ, IRAN NAME 11440 N. KENDALL DR #108 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this fifting 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 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: _

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2006

(305)412-6585

FILED