


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90305 006 ***150.00

DOCUMENT # P04000052851	
1. Entity Name THE IDEAL PLAN, INC.	

Principal Place of Business 4400 HIGHWAY 20 E SUITE 108 NICEVILLE, FL 32578	Mailing Address 4400 HIGHWAY 20 E SUITE 108 NICEVILLE, FL 32578
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50043645



2. Principal Place of Business 1016 STEPHEN DR.	3. Mailing Address 1016 STEPHEN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State NICEVILLE, FL	City & State NICEVILLE, FL	4. FEI Number 20-0929016	Applied For <input type="checkbox"/> Not Applicable
Zip 32578	Country OKALOOSA	Zip 32578	Country OKALOOSA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWANTZ, CHRISTOPHER E 4400 HIGHWAY 20 E SUITE 108 NICEVILLE, FL 32578	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1016 STEPHEN DR. City NICEVILLE FL Zip Code 32578
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWANTZ, CHRISTOPHER E 4400 HIGHWAY 20 E SUITE 108 NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1016 STEPHEN DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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 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: *Christopher E Schwantz* **850-897-0010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #