2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P04000057869

Entity Name: IDEAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 56
616 NORTH MAYO STREET
CRYSTAL BEACH, FL 34681

New Principal Place of Business:

616 NORTH MAYO STREET
CRYSTAL BEACH, FL 34681

Current Mailing Address:

P.O. BOX 56
616 NORTH MAYO STREET
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 20-0899216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINGESS, ROBERT L
P.O. BOX 56
616 NORTH MAYO STREET
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

DINGESS, ROBERT L
616 NORTH MAYO STREET
CRYSTAL BEACH, FL 34681 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: 04/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: DINGESS, ROBERT L
Address: P.O. BOX 56
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TD ( ) Delete
Name: DINGESS, SHERRY L
Address: P.O. BOX 56
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: COOD ( ) Delete
Name: CULLEN, SHANNA L
Address: 640 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT DINGESS DIR 04/27/2009
Electronic Signature of Signing Officer or Director — Date