2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065865

Entity Name: IDEAL MANAGEMENT SOLUTIONS, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 616 N MAYO ST CRYSTAL BEACH, FL 34681 **Current Mailing Address: New Mailing Address:** POBOX56 CRYSTAL BEACH, FL 34681 FEI Number: 20-0912420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DINGESS, ROBERT L 616 N MAYO ST 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition DINGESS, ROBERT L Name: Name: P O BOX 56 Address: Address: City-St-Zip: CRYSTAL BEACH, FL 34681 City-St-Zip: Title: Title: COO () Delete (X) Change () Addition

Name:DINGESS, SHERRY LName:DINGESS, SHERRY LAddress:616 N MAYO ST - P O BOX 56Address:P.O. BOX 56, 616 N MAYO STCity-St-Zip:CRYSTAL BEACH, FL 34681City-St-Zip:CRYSTAL BEACH, FL 34681

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: ROBERT L DINGESS CEO 04/21/2005