


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000163837 1. Entity Name IDEAL MANAGEMENT SERVICES CELEB, INC.	
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Principal Place of Business P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681	Mailing Address P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681
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02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1873802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DINGESS, ROBERT L P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681

DO NOT WRITE 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 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, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DINGESS, ROBERT L P.O. BOX 56 CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DINGESS, SHERRY P.O. BOX 56 CRYSTAL BEACH, FL 34681
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000864138 04/04/08-80001-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing 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: Robert L Dingess, CEO ROBERT L DINGESS 3-15-08 787-743-0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone