

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000092194

Entity Name: IDEAL CONSULTING OF SW FL, INC.

FILED
Sep 25, 2009
Secretary of State

Current Principal Place of Business:

1037 CAPRI DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1037 CAPRI DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-5169956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RONGHETTI, LAURA
1037 CAPRI DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DE ANGELIS, ROBERTO
1037 CAPRI DR.
NAPLES, FL 34103 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: ROBERTO DE ANGELIS

09/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RONCHETTI, LAURA
Address: 1037 CAPRI DRIVE
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: DEANGELIS, ROBERTO
Address: 1037 CAPRI DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEANGELIS, ROBERTO
Address: 1037 CAPRI DRIVE
City-St-Zip: NAPLES, FL 34103

Title: SECR (X) Change () Addition
Name: LAURA, RONCHETTI
Address: 1037 CAPRI DRIVE
City-St-Zip: NAPLES, FL 34103

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: ROBERTO DE ANGELIS

P

09/25/2009

Electronic Signature of Signing Officer or Director

Date