

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055474

FILED
Mar 23, 2009
Secretary of State

Entity Name: IDEAL LENDING SOLUTIONS, INC.

Current Principal Place of Business:

5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-8993420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUEZ, WILSON D
5589 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ENRIQUEZ, WILSON D
Address: 8749 TALLY HO LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: VETTER, SHANA N
Address: 8400 SAINT JOHNS COURT
City-St-Zip: WELLINGTON, FL 33414

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: WILSON ENRIQUEZ

P

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date