

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047888

FILED
Mar 23, 2009
Secretary of State

Entity Name: IDEAL FINANCIAL MORTGAGES, INC.

Current Principal Place of Business:

6421 NW VERDI CT
PORT SAINT LUCIE, PO 34986

New Principal Place of Business:

6421 NW VERDI CT
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

6421 NW VERDI CT
PORT SAINT LUCIE, PO 34986

New Mailing Address:

6421 NW VERDI CT
PORT SAINT LUCIE, FL 34986

FEI Number: 65-0841572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALARDY, BEVERLY
6421 NW VERDI CT
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

PALARDY, CHARLES R
6421 NW VERDI CT
PORT SAINT LUCIE, FL 34986 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: CHARLES R. PALARDY

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PALARDY, BEVERLY C
Address: 6421 NW VERDI CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: PALARDY, CHARLES R
Address: 6421 NW VERDI CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PALARDY, CHARLES R
Address: 6421 NW VERDI CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: SEC () Change (X) Addition
Name: PALARDY, BEVERLY
Address: 6421 NW VERDI CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Change (X) Addition
Name: PALARDY, BEVERLY
Address: 6421 NW VERDI CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: CHARLES R. PALARDY

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03/23/2009

Electronic Signature of Signing Officer or Director

Date