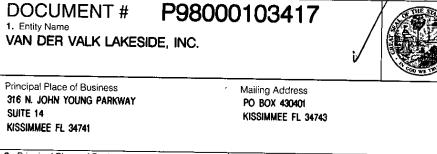
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)





<u> </u>	- <u></u>				WI THE				
Principal Place of Business 316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741			Mailing Address PO BOX 430401 KISSIMMEE FL 34743			- 	i adam inga barna	izliz e r es t l	Nijir rens Pens
2. Principal I	Place of Business	3. Ma	illing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				- MAKING OU	****	
City & State			City & State			4. FEI Number F0.2FE1210 Applied For			
Zip Country			Zip		ry	59-3551312 5. Certificate of Status Desired	\$8.1	Noi	t Applicable
	6 Name and Address	40:	Besistered &				Feel	Required	
	6. Name and Addres	s of Current Hegister	ed Agent			7. Name and Address of New Re	gistered Agen		
IDEAL OPPORTUNITIES INC					Name				
IDEAL OPPORTUNITIES, INC 316 N JOHN YOUNG PKWY			Street Addres		Street Address (F	(P.O. Box Number is Not Acceptable)			
STE 14	HN YOUNG PKWY				· · · · · · · · · · · · · · · · · · ·				
KISSIMME	E FL 34741			<u> </u> 	City		FL Z	ip Code	
8. The above	named entity submits this	statement for the purp	ose of changing its	registeror	d office or registers	ed agent, or both, in the State of Flori			
the obligat	ons registered agent.	Poter 1	Groen					r with, a	nd accept
OIGINATOTIL :	Signature, typed or printed name of	registered agent and title if app	licable. (NOTE	E: Registered	Agent signature required	when reinstating)	2/7/03		
After	LE NOW!!! FEE IS \$ May 1, 2003 Fee will be Payable to Florida Dep	e \$550.00		***		9. Election Campaign Finar Trust Fund Contribution.	ncing .	\$5.00 Added t	May Be to Fees
10.	OFF	ICERS AND DIRECTO	RS	11.	<u></u>	ADDITIONS/CHANGES TO OFFIC	EDC AND DIDE	OTOBO	(6) 44
TITLE	DPS		☐ Delete	TITLE		ABBITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS CIFY-ST-ZIP	MATSER, CHRISTIAAN 316 N JOHN YOUNG KISSIMMEE FL 32741	i G Parkway Suite 14	,	NAME Street City-s	ADDRESS T-ZIP		U:	lange	Addition
STREET ADDRESS	DVP GROENENDIJK, PETER 316 N JOHN YOUNG I KISSIMMEE FL 34741	R PARKWAY SUITE 14	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-zip		CI	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP		□ Cr	ange	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP		☐ Ch	ange	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	1/		☐ Delete	TITLE NAME STREET A			☐ Ch.	ange [Addition
ITLE AME IREET ADDRESS ITY-ST-ZIP		***	☐ Delete	TITLE NAME STREET A			☐ Cha	inge [Addition

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 the an address, with all other like empowered.