2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# P99000063838

Entity Name: IDEAL MORTGAGE SOLUTIONS CORPORATION

Current Principal Place of Business:

499 NORTH SR 434
SUITE #1053
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

491 NORTH SR 434
SUITE #131
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

499 NORTH SR 434
SUITE #1053
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

491 NORTH SR 434
SUITE #131
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3589047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, GEORGE L PRES.
2106 BLUFF OAK STREET
APOPKA, FL 327123955 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: PMC ( ) Delete
Name: GONZALEZ, GEORGE L
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955 US

Title: DST ( ) Delete
Name: GONZALEZ, CAROLYN V
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955

Title: DV ( ) Delete
Name: NARVAEZ, STEVEN
Address: 760 MAGNOLIA CREEK CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change ( ) Addition
Name: GONZALEZ, CAROLYN V
Address: 2106 BLUFF OAK STREET
City-St-Zip: APOPKA, FL 327123955

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN V. GONZALEZ DVST 02/13/2006

Electronic Signature of Signing Officer or Director Date