

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35804

FILED
Feb 22, 2004
Secretary of State

Entity Name: IDEAL OPPORTUNITIES, INC.

Current Principal Place of Business:

316 N JOHN YOUNG
SUITE 14
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 430401
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 59-3125206 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GROENENDIJK, PETER J
316 N JOHN YOUNG PARKWAY
STE 14
KISSIMMEE, FL 34741 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: PSD () Delete
Name: GROENENDIJK, PETER J.
Address: 316 N JOHN YOUNG PKWY, SUITE 14
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: GROENENDIJK, ANNELIESE
Address: 316 N. JOHN YOUNG PKWY, SUITE 14
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: MAJEED, BEBE N
Address: 2908 CEDENA CORE ST
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GROENENDIJK, PETER J
Address: 316 N JOHN YOUNG PKWY, SUITE 14
City-St-Zip: KISSIMMEE, FL 34741

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

Title: VD (X) Change () Addition
Name: MAJEED, BEBE N
Address: 2908 CEDENA COVE ST
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEBE N MAJEED

V

02/22/2004

Electronic Signature of Signing Officer or Director

_____ Date