

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 28, 2010  
Secretary of State**

DOCUMENT# V42450

Entity Name: IDEAL COLLECTION SERVICES INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

5223 A EHRLICH RD.  
TAMPA, FL 33624 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 272407  
TAMPA, FL 33688 US

FEI Number: 59-3127172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KAPLAN, NANCY  
5223 #A EHRLICH ROAD  
TAMPA, FL 33624 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: FOUGEROUSSEE, SHELLY  
Address: 5223-A EHRLICH RD  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: FOUGEROUSSE, DANIEL  
Address: 5223-A EHRLICH RD  
City-St-Zip: TAMPA, FL 33624

Title: M  
Name: KAPLAN, NANCY  
Address: 5223-A ERHLICH RD  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: SHELLY FOUGEROUSSE

PTS

07/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date