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: GARY A BROWN

Electronic Signature of Signing Officer/Director Detail

Entity Name: IDEAL MANAGEMENT COMPANY **Current Principal Place of Business:**

12568 SW 88 STREET MIAMI, FL 33186

DOCUMENT# L81013

Current Mailing Address:

12568 SW 88 STREET MIAMI, FL 33186 US

FEI Number: 65-0204412

Name and Address of Current Registered Agent:

BROWN, GARY A 12568 SW 88 STREET MIAMI, FL 33186 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

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Officer/Director Detail :

Title	PST	Title	V
Name	BROWN, GARY A	Name	WYNN, PATRICIA J
Address	12568 SW 88 STREET	Address	12568 SW 88 STREET
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL

Certificate of Status Desired: No

02/19/2014

Date

FILED Feb 19, 2014 Secretary of State CC7032417222

PRESIDENT

Date