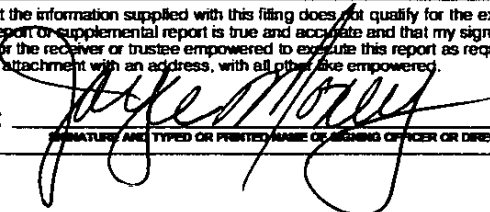


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 001 ****61.25

DOCUMENT # N00000005523 1. Entity Name IMPERIAL WAREHOUSE CONDOMINIUM ASSN., INC.					
Principal Place of Business 407 IMPERIAL BLVD # 8 CAPE CANAVERAL, FL 32920			Mailing Address 407 IMPERIAL BLVD # 8 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. #2			Suite, Apt. #, etc. #2		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3759141	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONEY, JOYCE 32648 WOLF'S TRAIL SORRENTO, FL 32776				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIPPOLITA, GREG 32648 WOLF'S TRAIL SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 397 IMPERIAL BLVD #1 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONEY, JOYCE 8496 RIDGEWOOD AVE APT 3301 CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32648 WOLF'S TRAIL SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, TIM 496 S BANANA RIVER DR MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/12/07 351-531-5586 Date Daytime Phone #					