

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000008878

Entity Name: IMAGINATION UNLIMITED, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3504 LAKE LYNDA DRIVE  
SUITE 109  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

3504 LAKE LYNDA DRIVE  
SUITE 109  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 59-3558766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CASSINARI, JOHN F  
3504 LAKE LYNDA DRIVE  
SUITE 109  
ORLANDO, FL 32817 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CASSINARI, NINA J  
Address: 3504 LAKE LYNDA DR., STE 109  
City-St-Zip: ORLANDO, FL 32817

Title: COO  
Name: CASSINARI, JOHN F  
Address: 3504 LAKE LYNDA DR., STE 109  
City-St-Zip: ORLANDO, FL 32817

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: JOHN CASSINARI

COO

01/17/2011

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

\_\_\_\_\_  
Date