2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # 731533 1. Entity Name IMPERIAL EMBASSY CONDOMINIUM THREE, INC.					04	1-3 0-2007 9	90447 037 ****61	.25
4742 AZALEA DRIVE 47 BOX 100A BC NEW PORT RICHEY, FL 34652 NE		BOX 100A	4742 AZALEA DRIVE			 		
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-159069	94	h	pplied For lot Applicable
Zip	Country	Zip	Zip Coi		5. Certificate of Status Desired S8.75 Additional Fee Regulred			
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New f	Registered Agent	
KARL, MA	DIE			Name				
4746 AZALEA DR				Street Address (P.O. Box Number is Not Acceptable)				
UNIT 105 C NEW PORT RICHEY, FL 34652								
		City				FL Zip Co	de	
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 reinstating) DATE								
	Signature, typed or printed name of registered agen	t and title if applicable. (P	OTE: Registere	id Agent signature requ	uired when reinstating)	····	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election C		Financing _	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of S	State
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election C Trust Fun	Campaign F d Contribut	Financing lion.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	Make check payable rida Department of S ERS AND DIRECTORS I	State N 10
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I hereby certify that the information supplied with this filling 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR