

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002287

FILED
Jan 06, 2004
Secretary of State

Entity Name: IMAGINATIVE SYSTEMS INCORPORATED

Current Principal Place of Business:

10115 FOREST HILL BLVD.
SUITE 303
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

10115 FOREST HILL BLVD.
SUITE 303
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 22-3682390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, ANN
10115 FOREST HILL BLVD.
SUITE 303
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DHYNE, EDMOND
Address: 10115 FOREST HILL BLVD., STE 303
City-St-Zip: WELLINGTON, FL 33414 US

Title: CSD () Delete
Name: BERGMAN, ANN
Address: 10115 FOREST HILL BLVD., STE 303
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANN BERGMAN

CSD

01/06/2004

Electronic Signature of Signing Officer or Director

Date