2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34941

Entity Name: IMPERIAL ESTATES, INC.

FILED Mar 20, 2008 Secretary of State

4182 ANGE	i ncipal Place (ELICA AVE LLE, FL 34601			New Principal Place	of Business:	
Current Mailing Address:				New Mailing Address:		
4182 ANGELICA AVE BROOKSVILLE, FL 34601						
FEI Number:	59-2909037	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WIRTZ, EDWARD F. 4182 ANGELICA AVE BROOKSVILE, FL 34601 US				WIRTZ, EDWARD F. 7170 CROWN OAKS DRIVE SPRING HILL, FL 34606 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:				03/20/2008		
	Electronic	Signature of Registered Agent	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHAI () [WIRTZ, EDWAR 7170 CROWN O SPRING HILL, FL	AKS DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECR () E WIRTZ, RUTH C 7170 CROWN O SPRING HILL, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E BATES, KRIS J 9567 TOOKE SH WEEKI WACHEE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [WIRTZ, KATHY 9483 PRESTON BROOKSVILLE,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () [BATES, SANDRA 9567 TOOKE SH WEEKI WACHEE	ORE DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E WIRTZ, JAMES V 9483 PRESTON BROOKSVILLE,	ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRIS J. BATES D 03/20/2008