

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005025

Entity Name: IMAGINET-USA, LLC

FILED
May 18, 2005
Secretary of State

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE RD
STE. 15-148
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE RD
STE. 15-148
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 62-1651643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GIVENS, TOXIE
11250 OLD ST. AUGUSTINE RD
STE. 15-148
JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GIVENS, TOXIE
Address: 12014 LONDON LAKE DR W
City-St-Zip: JACKSONVILLE, FL 32258

Title: MEM () Delete
Name: GOSTAGE, JAMES
Address: 167 ELMWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: MGRM () Delete
Name: BENAVIDES, CARLOS
Address: 2424 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOXIE GIVENS

MGRM

05/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date