

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076079

FILED
Jul 19, 2005
Secretary of State

Entity Name: HOUSE OF IMAGINATION, LLC

Current Principal Place of Business:

738 EAGLE RIDGE DRIVE
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

738 EAGLE RIDGE DRIVE
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 06-1683956 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:

GOODMAN, KATHY
738 EAGLE RIDGE DRIVE
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

GOODMAN, KATHY L MGRM
738 EAGLE RIDGE DRIVE
LAKE WALES, FL 33859 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: KATHY GOODMAN

07/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODMAN, KATHY
Address: 738 EAGLE RIDGE DRIVE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES:

Title: MGR. (X) Change () Addition
Name: GOODMAN, RAYMOND A MGR
Address: 4205 LEMON AVE./P.O. BOX 1236
City-St-Zip: HIGHLAND CITY, FL 33846

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: KATHY GOODMAN

MGR.

07/19/2005

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