2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L07000121452

Entity Name: YOMAGINATION, LLC

Current Principal Place of Business:

1809 EAST BROADWAY STREET, STE 310
OVIEDO, FL 327665

New Principal Place of Business:

Current Mailing Address:

1809 EAST BROADWAY STREET, STE 310
OVIEDO, FL 327665

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR
SHUFFIELD LOWMAN & WILSON, P.A.
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	QUILLEN, HEATHER J	
Address:	1809 EAST BROADWAY STREET, STE 310	
City-St-Zip:	OVIEDO, FL 327665	
Title:	MGR	( ) Delete
Name:	QUILLEN, DONALD D	
Address:	1809 EAST BROADWAY STREET, STE 310	
City-St-Zip:	OVIEDO, FL 327665	
Title:	MGR	(X) Delete
Name:	CHEMTOB, CANDACE H	
Address:	1809 EAST BROADWAY STREET, STE 310	
City-St-Zip:	OVIEDO, FL 327665	

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 exemption stated in Chapter 119, 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: HEATHER J. QUILLEN MGR 02/12/2008

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