2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2005
Secretary of State

DOCUMENT# N00000000999

Entity Name: IMAGINE WORLD HEALTH, INCORPORATED

Current Principal Place of Business:

105 E. DOLPHIN BLVD.
PONTE VEDRA BCH, FL 320821714

New Principal Place of Business:

Current Mailing Address:

105 E. DOLPHIN BLVD.
PONTE VEDRA BCH, FL 320821714

New Mailing Address:

FEI Number: 59-3627836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEARNS, DAVID
105 E. DOLPHIN BLVD.
PONTE VEDRA BCH, FL 320821714 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STEARNS, DAVID	
Address:	105 E. DOLPHIN BLVD.	
City-St-Zip:	PONTE VEDRA BCH, FL 320821714	
Title:	D	( ) Delete
Name:	STEARNS, KAREN	
Address:	105 E. DOLPHIN BLVD.	
City-St-Zip:	PONTE VEDRA BCH, FL 320821714	
Title:	D	( ) Delete
Name:	STEARNS, EDWIN K	
Address:	4532 MIDDLETON PARK CI W	
City-St-Zip:	JACKSONVILLE, FL 322246627	
Title:	D	( ) Delete
Name:	MILAM, JUDY	
Address:	333 PABLO POINT DR.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	STEARNS, ROSEMARY	
Address:	3875 SAN PABLO RD. #214	
City-St-Zip:	JACKSONVILLE, FL 32224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	STEARNS, DAVID E	
Address:	105 E. DOLPHIN BLVD.	
City-St-Zip:	PONTE VEDRA BCH, FL 320821714	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E STEARNS PD 03/27/2005

Electronic Signature of Signing Officer or Director — Date