2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000002138

Entity Name: THE IMAGINE SCHOOL, INC.

Current Principal Place of Business:

P.O.BOX 3254
W PALM BCH, FL 33402

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 3254
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 65-1159655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQ.
SUITE 6 2580 METROCENTER BLVD.
WEST PALM BEACH, FL 33402 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: D ( ) Delete
Name: ALLERDYCE, DIANE R
Address: 508 SE. 3RD AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: GIESE, ROBERT T
Address: 3636 WHITEHALL DR. 404
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: COPPOCK, MARK S
Address: 626 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: GITLER, TERRY
Address: 2577 25TH LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DIANE ALLERDYCE PRES 04/30/2004
Electronic Signature of Signing Officer or Director — Date