2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011844

Entity Name: IMAGO CHARITIES, INC.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

464 DOUGLAS AVENUE DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

1128 DREW ST CLEARWATER, FL 33755 464 DOUGLAS AVE DUNEDIN, FL 34698

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOCK, ALAN G
1128 DREW ST
CLEARWATER, FL 33755 US

DAVIS, ADRIENNE
464 DOUGLAS AVE
DUNEDIN, FL 34698 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: ADRIENNE DAVIS 07/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES ()Delete Title: PRES (X)Change ()Addition

 Name:
 MOCK, ALAN G
 Name:
 DAVIS, ADRIENNE

 Address:
 1128 DREW ST
 Address:
 464 DOUGLAS AVE

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:
 DUNEDIN, FL 34698

Title: VP () Delete Title: () Change () Addition

 Name:
 SUTHERLAND, ROBERT
 Name:

 Address:
 812 FRANKLIN CIRCLE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: MOCK, NADÍA S
Address: 1128 DREW ST
City-St-Zip: CLEARWATER, FL 33755

Name: FELDMAN, LÍNDA
Address: 1500 N. BELCHER RD
City-St-Zip: CLEARWATER, FL 33765

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: ADRIENNE DAVIS DIR 07/06/2005