

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012399

FILED  
May 03, 2006  
Secretary of State

Entity Name: IMAGINATION ROOM MULTIMEDIA, INC.

## Current Principal Place of Business:

1320 LAKE AVE SUITE 208  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

## Current Mailing Address:

1320 LAKE AVE SUITE 208  
TALLAHASSEE, FL 32310

## New Mailing Address:

FEI Number: 20-2865940      FEI Number Applied For ( )      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:

MYERS, ARON  
1320 LAKE AVE SUITE 208  
TALLAHASSEE, FL 32310      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: CUMBO, CHRYSTAL  
Address: 1917 MAYMEADOW LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: SMITH, WILLIAM D  
Address: 109 ATLANTIC AVE #3  
City-St-Zip: BROOKLYN, NY 11201

Title: D      ( ) Delete  
Name: FARRELL, TYRA  
Address: 9217 HAMPTON GLEN CT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P      ( ) Delete  
Name: MYERS, ARON  
Address: 1320 LAKE AVE SUITE 208  
City-St-Zip: TALLAHASSEE, FL 32310

Title: V      ( ) Delete  
Name: VILLINES, VICKIE  
Address: 834 LONGBRANCH LANE  
City-St-Zip: DOUGLASVILLE, GA 30134

Title: S      ( ) Delete  
Name: KANTROWITZ, DANA  
Address: 304 SE 3RD TERR  
City-St-Zip: DANIA BEACH, FL 33004

## 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:

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 Chapter 119, 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: ARON MYERS

P

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date