

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004704

Entity Name: IMAGINE NATIONS, INC.

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

2156 HAMMOCK MOSS DR.
ORLANDO, FL 32820

New Principal Place of Business:

2156 HAMMOCK MOSS DR.
ORLANDO, FL 32820 US

Current Mailing Address:

3322 N. WESTWIND BAY
WICHITA, KS 67205

New Mailing Address:

FEI Number: 20-8163019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINES, KELLY
2156 HAMMOCK MOSS DR.
ORLANDO, FL 32820 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: DP () Delete
Name: RAINES, KELLY
Address: 7930 SWEETGUM LOOP
City-St-Zip: ORLANDO, FL 32835

Title: DV () Delete
Name: MATEOLA, AVO
Address: 374 LAURENBURG LANE
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RAINES, KELLY J MRS.
Address: 2156 HAMMOCK MOSS DRIVE
City-St-Zip: ORLANDO, FL 32820 US

Title: VP (X) Change () Addition
Name: MATEOLA, AYO
Address: 374 LAURENBURG LANE
City-St-Zip: OCOEE, FL 34761 US

Title: COO () Change (X) Addition
Name: RAINES, RICHARD B MR.
Address: 3322 N. WESTWIND BAY CT
City-St-Zip: WICHITA, KS 67205 US

Title: DIRE () Change (X) Addition
Name: FARINO, SHANNON R MS.
Address: 911 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: SECR () Change (X) Addition
Name: ALICEA, EVELYN MRS.
Address: 394 LAKE PARK TRAIL
City-St-Zip: CASSELBERRY, FL 32765 US

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 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: KELLY RAINES

PRES

03/28/2009

Electronic Signature of Signing Officer or Director

Date