2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 18, 2009
Secretary of State

DOCUMENT# N08000007284

Entity Name: IMAGINE PTO INC.

Current Principal Place of Business:

17901 HUNTING BOW CIRCLE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

17901 HUNTING BOW CIRCLE
LUTZ, FL 33558

New Mailing Address:

FEI Number: 26-3118544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEARING, TIFFANY G ESQ
23110 S.R. 54 STE 112
LUTZ, FL 33549 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: P ( ) Delete
Name: GAULT, MICHAEL
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: EVP ( ) Delete
Name: ENRIQUEZ-BROWN, DIANA
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: VPV ( ) Delete
Name: DUFFEN, DIANE
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: TREA (X) Delete
Name: MACDONNELL, LISA
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: S (X) Delete
Name: SPURA, LINDA ANN
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: CS (X) Delete
Name: WAINRAICH, MARGARIDA
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ENRIQUEZ BROWN, DIANA
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: EVP (X) Change ( ) Addition
Name: GARCIA, MARIVIE
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: SECR (X) Change ( ) Addition
Name: DUFFEN, DIANE
Address: 17901 HUNTING BOW CIRCLE
City-St-Zip: LUTZ, FL 33558

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 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: DIANA ENRIQUEZ BROWN PRES 10/18/2009

Electronic Signature of Signing Officer or Director — Date