2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000007284

Current Principal Place of Business:

Entity Name: IMAGINE PTO INC.

New Principal Place of Business:

TI FILED
Oct 19, 2010
Secretary of State

17901 HUNTING BOW CIRCLE

LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

17901 HUNTING BOW CIRCLE LUTZ, FL 33558

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

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

FEARING, TIFFANY G ESQ MACDONNELL, LISA 23110 S.R. 54 STE 112 17901 HUNTING BOW CIRCLE

LUTZ, FL 33549 US LUTZ, FL 33558 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: LISA MACDONNELL 10/19/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: I

Name: MACDONNELL, LISA

Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

Title: EVP

Name: GARCIA, MARIVIE

Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

Title: RSEC

Name: WAINRAICH, MARGARIDA Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

Title: TREA

Name: ZARCONE, LISA

Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

Title: CSEC

Name: MARTIN, SANDRA

Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

Title: VP

Name: QUINONES, STACY

Address: 17901 HUNTING BOW CIRCLE

City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: LISA MACDONNELL PRES 10/19/2010

Electronic Signature of Signing Officer or Director

Date