

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36235

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: THE IMAGINARIUM GROUP, INC.

**Current Principal Place of Business:**

2000 CRANFORD AVE.  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2000 CRANFORD AVE.  
FT. MYERS, FL 33916

**New Mailing Address:**

FEI Number: 65-0226984      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:**

FITZGERALD, CRYSTAL  
641 TRAVERS AVE  
FORT MYERS, FL 33919      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: VP      ( ) Delete  
Name: WEISINGER, DENICE  
Address: 7262 HEAVEN LN  
City-St-Zip: FORT MYERS, FL 33908

Title: T      ( ) Delete  
Name: DISERIO, GREGORY  
Address: DAVID JONES & ASSOC. 2221 MCGREGOR  
City-St-Zip: FORT MYERS, FL 33901

Title: S      ( ) Delete  
Name: GRAFF, ERIC  
Address: 1945 ORTIZ AVE  
City-St-Zip: FORT MYERS, FL 33905

Title: P      ( ) Delete  
Name: FITZGERALD, CRYSTAL  
Address: 641 TRAVERS AVE  
City-St-Zip: FT. MYERS, FL 33919

**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:

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: CRYSTAL A FITZGERALD

PRES

08/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date