


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90171 043 ***150.00

DOCUMENT # P01000016109 1. Entity Name IMAGINATION TIMES TWO, INC.					
Principal Place of Business 3076 NE 12TH TERR 3560 NW 53 ST STE 2 FT LAUDERDALE, FL 33334 33309				Mailing Address 3076 NE 12TH TERR SAME FT LAUDERDALE, FL 33334	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3697879	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIEL THOMAS A 623 N MAIN ST GAINESVILLE, FL 32601				Name JOEL MARCUS Street Address (P.O. Box Number is Not Acceptable) 676 W. PROSPECT RD FT LAUDERDALE City FL Zip Code 33309	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fee if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D. 3560 NW 53 ST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRATKA, TERRI STE 2		NAME		
STREET ADDRESS	4705 NW 57TH ST FT LAUDERDALE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605 FL 33309		CITY-ST-ZIP		
TITLE	D. 3560 NW 53 ST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRATKA, FRED STE 2		NAME		
STREET ADDRESS	3076 NE 12TH TERR FT LAUDERDALE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33334 FL 33309		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/24/04 Daytime Phone # _____					