2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# P01000065062

Entity Name: IMAGINATIVE SOLUTIONS, INC.

Current Principal Place of Business:

2855 S CONWAY RD
203
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

2855 S CONWAY RD
203
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3729259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOME FERREIRA, LINKER
2855 S CONWAY RD
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

TOME FERREIRA, LINKEN
2855 S CONWAY RD
ORLANDO, FL 32812 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: LINKEN TOME FERREIRA 03/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOME FERREIRA, LINKER
Address: 2855 S CONWAY RD., APT #203
City-St-Zip: ORLANDO, FL 32812

Title: M (X) Delete
Name: TOME FERREIRA, LINKEN
Address: 2855 S CONWAY RD., APT #203
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TOME FERREIRA, LINKEN
Address: 2855 S CONWAY RD., APT #203
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINKEN TOME FERREIRA PD 03/19/2004
Electronic Signature of Signing Officer or Director Date