2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065062

Entity Name: IMAGINATIVE SOLUTIONS, INC.

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

5101 ANDREA BLVD ORLANDO, FL 32807 US

Current Mailing Address: New Mailing Address:

5101 ANDREA BLVD ORLANDO, FL 32807 US

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

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

LARSON, CAROLINE

8818 COMMODITY CIR STE 40

ORLANDO, FL 32819 US

LARSON, CAROLINE

8810 COMMODITY CIR STE 17

ORLANDO, FL 32819 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: CAROLINE LARSON 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 TOME FERREIRA, LINKEN
 Name:

 Address:
 5101 ANDREA BLVD
 Address:

 City-St-Zip:
 ORLANDO, FL 32807 US
 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 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 04/30/2009