2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# P01000089298

Entity Name: INSTITUTE OF MATURE IMAGINATION, INC.

Current Principal Place of Business:

2539 RIO LISBO CT.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

2539 RIO LISBO CT.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 31-1796058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPSTER, JOSEPH W
2539 RIO LISBO CT.
PUNTA GORDA, FL 33950 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: PD
Name: HARPSTER, JOSEPH W
Address: 2539 RIO LISBO CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VSTD
Name: HARPSTER, MARILYN Y
Address: 979 W LAKETREE COURT
City-St-Zip: WESTERVILLE, OH 430811930

Title: D
Name: RIEHM, TRACEY
Address: 983 WENDHAM CT.
City-St-Zip: PORT ORANGE, FL 32127

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN HARPSTER VSTD 01/31/2011

Electronic Signature of Signing Officer or Director Date