2004 FOR PROFIT CORPORATION

STREET ADDRESS CXTY - ST - 21P

SIGNATURE AND TYPED OR HI

Jul 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000095099 1. Entity Name IMAGINE SALES, INC. Principal Place of Business Mailing Address 400 LAKE MARKHAM RD 400 LAKE MARKHAM RD SANFORD, FL 32771 SANFORD, FL 32771 07072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3745814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X. Fee Required 6. Name and Address of Current Registered Agent JONES, TROY D DO NOT WRITE 400 LAKE MARKHAM RD SANFORD, FL 32771 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME JONES, TROY D 400 LAKE MARKHAM RD STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP U000001E5732 TITLE 07/12/04-80024-024 158.75 NAME STREET ACCRESS CRTY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-57-23P TATLE NAME STREET ADDRESS CXTY - ST - 7XP NAME

12. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 certify that fam 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 all other like empowered.

NING OFFICER OR DIRECTOR

FILED

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