2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067956

Entity Name: ORIGINAL IMAGINATION INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1048 N.W. 124TH TERRACE SUNRISE, FL 33323	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 267423 WESTON, FL 33326	

FEI Number: 16-0035613   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:**
BERRINGER, GINA M 1048 N.W. 124TH TERRACE SUNRISE, FL 33323 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: _____

              Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: O ( ) Delete Name: BERRINGER, GINA Address: 1048 NW 124 TERR City-St-Zip: SUNRISE, FL 33323	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: V ( ) Delete Name: BERRINGER, CAMILLE Address: 1048 NW 124TH TERR City-St-Zip: SUNRISE, FL 33323	Title: ( ) Change ( ) Addition Name: Address: 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: GINA BERRINGER   OWNE   05/01/2008

         Electronic Signature of Signing Officer or Director   Date