

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067956

FILED
Apr 26, 2009
Secretary of State

Entity Name: ORIGINAL IMAGINATION INC.

Current Principal Place of Business:

1048 N.W. 124TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 267423
WESTON, FL 33326

New Mailing Address:

1048 N.W. 124TH TERRACE
SUNRISE, FL 33323

FEI Number: 16-0035613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRINGER, GINA M
1048 N.W. 124TH TERRACE
SUNRISE, FL 33323 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: BERRINGER, GINA
Address: 1048 NW 124 TERR
City-St-Zip: SUNRISE, FL 33323

Title: V () Delete
Name: BERRINGER, CAMILLE
Address: 1048 NW 124TH TERR
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

04/26/2009

Electronic Signature of Signing Officer or Director

Date