04-24-'07 14:43 FROM- 9547531123

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007 8:00 am**
**Secretary of State**

04-27-2007 90225 048 ***150.00

DOCUMENT # P03000043981

1. Entity Name
EVER IMAGINE, INC.

60043003

Principal Place of Business
165 NE 32ND CT
OAKLAND PARK, FL 33334

Mailing Address
165 NE 32ND CT
OAKLAND PARK, FL 33334

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04242007 Chg P CR2E034 (12/06)

4. FEI Number
55-0827162
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LITTLEJOHN, ANNA M
165 NE 32ND CT
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 date if applicable. (NOTE: Registered Agent signature required when mailed) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | P ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LITTLEJOHN, ANNA M | NAME | |
| STREET ADDRESS | 2156 NE 62 CT | STREET ADDRESS | |
| CITY ST ZIP | FORT LAUDERDALE, FL 33308 | CITY-ST-ZIP | |
| TITLE | V ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LITTLEJOHN, MICHAEL | NAME | |
| STREET ADDRESS | 2156 NE 62 CT | STREET ADDRESS | |
| CITY ST ZIP | FORT LAUDERDALE, FL 33308 | CITY-ST-ZIP | |
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CESANY, ALLEN | NAME | |
| STREET ADDRESS | 5831 NE 14TH WAY | STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4/25/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT #P03000043981 60043003

*SIEGELAUB & ASSOCIATES, P.A.*
*Certified Public Accountants*
*2801 N. UNIVERSITY DRIVE, SUITE 301*
*CORAL SPRINGS, FLORIDA 33065*
*954-753-2222*
*FAX 954-753-1123*

**URGENT – YOUR IMMEDIATE ATTENTION IS REQUIRED!**

Dear Client:

The enclosed Corporation Annual Report needs to be submitted to renew your corporation with the State of Florida.

**PLEASE REVIEW THE FORM FOR ACCURACY AND MAKE ANY NECESSARY CHANGES. IF YOU HAVE CLOSED YOUR CORPORATION OR WISH TO DO SO, PLEASE DO NOT FILE THIS FORM. IF YOU HAVE ALREADY FILED, PLEASE DISREGARD THIS NOTICE.**

Please make any changes, sign the report where indicated (signature is required on the bottom of the form in box #12 and also in box #8 if the registered agent information has changed) and make a check payable to the Florida Department of State for $150.00 (for Limited Liability Companies, the renewal fee is $50.00) and mail to:

Florida Department of State
Division of Corporations
P.O. Box 1500 (For LLCs – P.O. Box 6478, zip code 32314)
Tallahassee, FL 32302-1500

We will be happy to answer any questions you may have regarding this Annual Report filing, but please remember that it is your responsibility to make sure that this form is filed with the State of Florida by the May 1st due date. Please make sure that this is accomplished to avoid reinstatement fees which are costly.

Please contact our office with any questions or concerns regarding this or any other matter.

Sincerely,

Siegelaub & Associates, P.A.