

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056424

Entity Name: IMAGITREND INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

1900 MAIN STREET
SUITE 312
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1900 MAIN STREET
SUITE 312
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 05-0570216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARABURDA, RUSSELL F
1900 MAIN STREET
SUITE 312
SARASOTA, FL 34236 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

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:

Title: P () Delete
Name: HARABURDA, RUSSELL F
Address: 1900 MAIN STREET, SUITE 312
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: MASCARA, THOMAS
Address: 1900 HAIR ST., SUITE 312
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MASCARA, THOMAS
Address: 1900 MAIN ST., SUITE 312
City-St-Zip: SARASOTA, FL 34236

Title: CO/D () Change (X) Addition
Name: JONES, BRAXTON P
Address: 1900 MAIN ST., SUITE 312
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUSSELL F. HARABURDA

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date