

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059641

Entity Name: IMPERIAL A.T.M. SYSTEMS, INC.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

5549 NORTH MILITARY TRAIL, #2504
BOCA RATON, FL 33496

Current Mailing Address:

5549 NORTH MILITARY TRAIL, #2504
BOCA RATON, FL 33496

New Principal Place of Business:

2040 ALTA MEADOWS LANE
#1606
DELRAY BEACH, FL 33444

New Mailing Address:

2040 ALTA MEADOWS LANE
DELRAY BEACH, FL 33444

FEI Number: 38-3682138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, JORDAN
5549 NORTH MILITARY TRAIL, #2504
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

BURT, JORDAN
2040 ALTA MEADOWS LANE
#1606
DELRAY BEACH, FL 33444 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: JORDAN BURT

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURT, JORDAN
Address: 5549 NORTH MILITARY TRAIL, #2504
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: TAINES, ANTHONY
Address: 5485 GRAND PARK PLACE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURT, JORDAN
Address: ALTA MEADOWS LANE #1606
City-St-Zip: DELRAY BEACH, FL 33444

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

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: ANTHONY TAINES

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date